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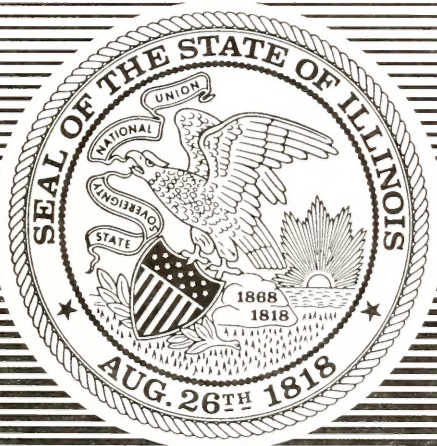
ILLINOIS STATE LIBRARY

2000

# ILLINOIS

## REGISTER

RULES  
OF GOVERNMENTAL  
AGENCIES



Volume 24, Issue 36  
September 1, 2000

Pages 13,088 – 13,441

Index Department  
Administrative Code Div.  
111 East Monroe Street  
Springfield, IL 62756  
(217) 782-7017  
<http://www.sos.state.il.us>



Printed on recycled paper

PUBLISHED BY JESSE WHITE • SECRETARY OF STATE

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Issue 16 - April 14, 2000: Data Through March 31, 2000  
Issue 29 - July 14, 2000: Data Through June 30, 2000  
Issue 42 - October 13, 2000: Data Through September 30, 2000  
Issue 3 - January 19, 2001: Data Through December 31, 2000 (Annual)

## ILLINOIS FARM DEVELOPMENT AUTHORITY

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Illinois Farm Development Authority
- 2) Code Citation: 8 Ill. Adm. Code 1400
- 3) Section Numbers:  
1400.146 Emergency Action:  
1400.148 Amendment
- 4) Statutory Authority: 20 ILCS 3605/7
- 5) A Complete Description of the Subjects and Issues Involved: The changes are to reflect policy changes in the Young Farmer Guarantee and Specialized Livestock Guarantee Programs.
- 6) Will these proposed amendments replace emergency amendment currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? Yes

Section Numbers:  
1400.130 Proposed Action:  
1400.140 Amendment  
1400.140 Amendment

- 10) Statement of Statewide Policy Objectives: This rulemaking will neither create nor expand a state mandate.

- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: All interested persons are invited to submit their written comments on the proposed action at any time during the first notice period to:

Laura A. Lanterman  
Chief Financial Officer  
Illinois Farm Development Authority  
427 East Monroe Street, Suite 201  
Springfield, Illinois 62701

- 12) Initial Regulatory Flexibility Analysis:

A) Date rulemaking was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: August 18, 2000

B) Types of small businesses affected: Farms

## ILLINOIS FARM DEVELOPMENT AUTHORITY

## NOTICE OF PROPOSED AMENDMENTS

- C) Reporting, bookkeeping or other procedures required for compliance: No new measures required.

- 13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: This agency does rules as they come up and does not do a regulatory agenda.

The full text of the Proposed Amendments begins on the next page.

## ILLINOIS FARM DEVELOPMENT AUTHORITY

## NOTICE OF PROPOSED AMENDMENTS

TITLE 8: AGRICULTURE AND ANIMALS  
CHAPTER VII: ILLINOIS FARM DEVELOPMENT AUTHORITY

## PART 1400

## ILLINOIS FARM DEVELOPMENT AUTHORITY

## Section

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1400.30 Officers  
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1400.130 Rules and Guidelines Applicable to All Bond Programs  
1400.140 Bond Programs and Rules Applicable to Each  
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1400.146 Rules and Guidelines Applicable to the Young Farmer Guarantee Program

1400.147 Rules and Guidelines Applicable to the State Guarantee Program for Restructuring Agricultural Debt  
1400.148 Rules and Guidelines Applicable to the Specialized Livestock Guarantee Program  
1400.149 Rules and Guidelines Applicable to the State Guarantee Program for Agri-Industries  
1400.150 Seal  
1400.160 Principal Office  
1400.170 Revision  
1400.180 Construction; Waiver; Severability

## ILLUSTRATION A OIALP Regions (Repealed)

AUTHORITY: Implementing and authorized by the Illinois Farm Development Act [20 ILCS 3605] and by the Farm Credit Allocation Act [20 ILCS 3610].

SOURCE: Emergency rules adopted at 6 Ill. Reg. 9340, effective July 15, 1982, for a maximum of 150 days; adopted at 7 Ill. Reg. 242, effective December 22, 1982; emergency amendment at 8 Ill. Reg. 363, effective December 27, 1983, for a maximum of 150 days; amended at 8 Ill. Reg. 8489, effective May 31, 1984; emergency amendment at 9 Ill. Reg. 8186, effective May 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 15493, effective October 1, 1985; emergency amendment at 9 Ill. Reg. 17879, effective October 31, 1985, for a maximum of 150 days; emergency expired March 21, 1986; emergency amendment at 10 Ill. Reg.

## ILLINOIS FARM DEVELOPMENT AUTHORITY

## NOTICE OF PROPOSED AMENDMENTS

2059, effective January 10, 1986, for a maximum of 150 days; emergency amendment at 10 Ill. Reg. 4599, effective February 28, 1986, for a maximum of 150 days; emergency expired July 28, 1986; amended at 10 Ill. Reg. 11001, effective June 9, 1986; amended at 11 Ill. Reg. 3862, effective February 27, 1987; amended at 11 Ill. Reg. 9894, effective May 12, 1987; amended at 12 Ill. Reg. 11219, effective June 20, 1988; amended at 13 Ill. Reg. 2440, effective February 10, 1989; amended at 13 Ill. Reg. 14376, effective August 30, 1989; amended at 17 Ill. Reg. 3618, effective March 5, 1993; amended at 17 Ill. Reg. 15808, effective September 10, 1993; amended at 19 Ill. Reg. 7582, effective May 26, 1995; amended at 22 Ill. Reg. 3467, effective January 30, 1998; amended at 23 Ill. Reg. 2866, effective February 26, 1999; emergency amendment at 23 Ill. Reg. 4464, effective April 6, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 11703, effective September 3, 1999; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 1400.146 Rules and Guidelines Applicable to the Young Farmer Guarantee Program

- a) General Description of Program. The Young Farmer Guarantee Program (YFG) is designed to enhance credit availability to younger farmers who are purchasing capital assets. Loan funds may be used for new purchases of capital assets such as land, buildings, machinery, equipment, breeding livestock, soil and water conservation projects, etc. In some cases, up-to-50% of the loan proceeds may be used to refinance existing debt as needed to improve lien positions or improve financial structure. The provisions of this Section are applicable only to the YFG.
- b) Definitions Applicable to the YFG.

"Applicant" means a farmer whose application for a Young Farmer Guarantee has been submitted to the Authority by a lender.

"Asset" includes, but is not limited to, the following: crops or feed on hand; livestock held for sale; breeding stock; cash; marketable bonds and securities; securities not readily marketable; accounts receivable; notes receivable; cash invested in growing crops; net cash value of life insurance; machinery and equipment; cars and trucks; farm and other real estate including life estates and personal residence; value of beneficial interest in trusts; government payments or grants; capitalized leases; retirement accounts and all other assets. [20 ILCS 3605/2]

"Debt to Asset Ratio" means total outstanding liabilities, including any debt to be financed or refinanced under this Section, divided by total outstanding assets. [20 ILCS 3605/12.4]

"Fund" means the Illinois Farmer and Agribusiness Loan Guarantee Fund, which is the State's fund to cover losses resulting from defaults on



## ILLINOIS FARM DEVELOPMENT AUTHORITY

## NOTICE OF PROPOSED AMENDMENTS

young farmer guarantee loans. [20 ILCS 3605/12.4]

"Gross Annual Income" means income as defined in Section 61 of the Internal Revenue Code (26 USC 61).

"Liability" includes, but is not limited to, the following: accounts payable; notes or other indebtedness owed to any source; taxes; rent; amounts owed on real estate contracts or real estate mortgages; judgments; accrued interest payable; indebtedness under capitalized leases; and all any other liabilities. [20 ILCS 3605/2]

"YFG Loan" means an installment note for which the State of Illinois shall be liable for 8% of the total principal and interest as determined by the Authority.

"Young Farmer" means a resident of Illinois who is at least 18 years of age, who is a principal operator of a farm or land, who derives or will derive at least 50% of gross annual income from farming, who has a net worth of not less than \$10,000 and whose debt to asset ratio is not less than 40%. [20 ILCS 3605/12.4]

c) Eligible Farmers. To qualify for participation in the YFG, each farmer must:

- 1) be at least 18 years of age and maintain his principal residence in the State [20 ILCS 3605/12.4];
- 2) be the principal operator of a farm who derives or will derive at least 50% of annual gross income from farming [20 ILCS 3605/12.4];
- 3) have a debt to asset ratio of not less than 40% and not greater than 70% after purchase of the capital item and have a net worth of not less than \$10,000 [20 ILCS 3605/12.4];
- 4) demonstrate the ability to adequately service the proposed debt. If this ability is not adequately demonstrated, he can have a guarantor sign the note with him and/or pledge additional collateral for the loan;
- 5) provide sufficient collateral to secure the YFG loan and agree to keep it adequately collateralized in the future. All real estate and depreciable property which is to be used as collateral on a YFG loan must be evaluated by a qualified appraiser. All real estate appraisals must meet Federal regulatory requirements and meet the Uniform Standards of Professional Appraisal Practice of the Appraisal Foundation. Auctioneers and machinery and equipment dealers are qualified to appraise depreciable property. The applicant is liable for all appraisal fees connected with the YFG loan;
- 6) certify that all of his debts will be current at the time the YFG loan is closed. [20 ILCS 3605/12.4]
- d) Limitations

## ILLINOIS FARM DEVELOPMENT AUTHORITY

## NOTICE OF PROPOSED AMENDMENTS

- 1) YFG loans shall not exceed \$500,000 per young farmer. A young farmer may use this program more than once provided the aggregated principal amount of YFG loans to that young farmer does not exceed \$500,000. [20 ILCS 3605/12.4]
- 2) each YFG loan shall be set up on a payment schedule not to exceed 30 years, but shall be no longer than 15 years in duration. [20 ILCS 3605/12.4] The payment schedule for the loan will be tailored to the applicant's collateral and cash flow. Real estate loans may be amortized up to 25 years with a 15 year balloon. Loans with depreciable property as collateral will be amortized over a shorter period.
- 3) The YFG loan can be fully or partially paid at any time while the loan is outstanding as long as the loan is held in the lender's portfolio and not sold into a secondary market. YFG loans may not be assumed.
- e) Application Procedures and Review.
  - 1) Lenders shall apply for the YFG loans on forms provided by the Authority. The application shall at a minimum contain the young farmer's name, address, present credit and financial information, including cash flow statements, financial statements, balance sheets, and any other information pertinent to the application, and the collateral to be used to secure the State guarantee. [20 ILCS 3605/12.4] Applications shall be processed by the Authority on a first come, first served basis, based upon the receipt of all completed documents by the Authority.
  - 2) Lenders shall certify that the application and any other documents submitted are true and correct. [20 ILCS 3605/12.4]
  - 3) Each applicant shall pay a \$300 application fee which will be submitted to the Authority at the time of the application. At the time the loan is closed, the applicant will be required to pay a closing fee of 1% of the YFG loan amount less the \$300 application fee. Of this 1% closing fee, the Authority shall receive 3/4% and the lender shall receive 1/4% to cover administrative expenses in completing the application packet and closing documents. The 1% closing fee may be included in the State Guarantee loan amount. The lender shall charge no fees or points in addition to those outlined herein. The applicant shall be responsible for paying any fee or charge involved in recording mortgages, releases, financing statements, insurance for secondary market issues, and any other similar fee or charge that the Authority may require. [20 ILCS 3605/12.4]
  - 4) When a State Guarantee application is submitted to the Authority, the Authority shall review the application to determine whether it is complete and whether it meets the criteria established by the Act and this Section. When the Authority has completed the review of the Guarantee application, the application shall be presented, along with a statement of recommended action, to the Board for review at its next regularly scheduled meeting. The

## ILLINOIS FARM DEVELOPMENT AUTHORITY

## NOTICE OF PROPOSED AMENDMENTS

review shall include whether the applicant and lender are in compliance with the requirements of the program. The review shall also include an evaluation of collateral, percentage of loan, debt to asset ratio, cash flow, etc.

5) The Board shall approve the application and provide the application, pursuant to the Act and this Section, or, deny the application and serve upon the lender and applicant a written statement of the grounds for the denial.

6) If the application is denied, the applicant and the lender may request reconsideration stating reasons why the Board should withdraw its denial of the application and approve the State Guarantee. The request should be accompanied by supporting documents and/or information not previously considered by the Board. The Board shall review the request at its next scheduled meeting, and shall either approve or deny the application. A denial of a request for reconsideration shall be final.

7) Upon approval of an application and receipt of the documentation necessary to prepare loan closing documents, a YFG Loan Closing Documents package, which contains all the appropriate forms and documents to execute, shall be prepared by the Authority and sent to the lender. Upon completion of all such forms and documents by the applicant, lender and Authority and after satisfaction of all loan closing requirements, the YFG loan guarantee will be considered in force.

f) Provision or Renewal of State Guarantees. The Authority shall provide or renew a State Guarantee to any lender if, in addition to meeting the other criteria described in the Act and this Section, the lender:

1) *charges a fixed or adjustable interest rate that the Authority determines to be below the market rate of interest generally available to the borrower. If both the lender and applicant agree, the interest rate on the YFG loan can be converted to a fixed interest rate at any time during the term of the loan* [20 ILCS 3605/12.4];

2) pays a fee equal to 25 basis points on the loan to the Authority on annual basis [20 ILCS 3605/12.4];

3) agrees to complete and certify that, to the best of the lender's knowledge, all information is true and correct on the application, balance sheets, security analysis, cash flow projection, and any other documents that the Authority may request [20 ILCS 3605/12.4];

4) identifies collateral acceptable to the Authority in accordance with subsection (h) that is at least equal to the State Guarantee loan request [20 ILCS 3605/12.4];

5) *assumes all responsibility and costs for pursuing legal action on collecting any loan that is delinquent or in default subject to consulting the Authority* [20 ILCS 3605/12.4];

6) *is at risk for the first 15% of the outstanding principal of the note for which the State Guarantee is provided* [20 ILCS

## ILLINOIS FARM DEVELOPMENT AUTHORITY

## NOTICE OF PROPOSED AMENDMENTS

3605/12.4];

7) assumes responsibility for the timely collection and disposition of collateral on a YFG loan that is in default; provided, however, that the lender shall not collect or dispose of collateral on the YFG loan without the express written prior approval of the Authority. Approval shall be granted if the collateral is disposed of in a commercial manner, which nets an amount closely approximating the value of the collateral;

8) agrees that the Authority has final approval on the sale of all collateral for the YFG loan. After the sale of collateral, the State shall be reimbursed its 85% guaranteed portion of the principal balance at default. If funds from the sale of collateral remain after this payment, the lender shall be reimbursed its 15% of the principal balance at default. If excess funds remain after paying the principal to the State and lender, then the State and lender shall be repaid interest on a prorated basis; 85% of such excess funds shall be allocated to the State's portion and 15% shall be allocated to the lender's portion.

g) *The YFG loan shall be subject to an annual review and renewal by the lender and the Authority* [20 ILCS 3605/12.4] for adequacy of collateral and performance by the applicant. The applicant is required to provide the lender with a current financial statement annually.

1) If it is determined that there is not sufficient collateral to adequately secure the YFG loan, additional collateral may be required. If the applicant is unwilling or unable to pledge additional collateral, the YFG loan may be called due and payable.

2) If a YFG loan is going to be called for any reason, written notice which specifies the reasons for said action must be served to all parties (IFDA, lender, and borrower) not less than 90 days prior to call of the loan.

3) Failure of the applicant to make any payment on or before its due date shall render the loan delinquent. Notice of this delinquency shall immediately be sent to all parties. If the loan remains delinquent for a period of 90 days, the total outstanding principal and interest shall become due and payable immediately on the entire YFG loan. The YFG loan cannot be reinstated after the 90-day delinquency period.

h) In the event of default that is not cured within 90 days or in the event a loan is called for any reason, the Authority shall make payment of the guaranteed portion of the YFG loan to the holder of the guarantee. This payment shall be equal to the sum of:

1) 85% of the principal balance as of the date of default or date of call; less any proceeds received from sales of collateral;

2) 85% of the interest balance as of the date of default or call; and

## ILLINOIS FARM DEVELOPMENT AUTHORITY

## NOTICE OF PROPOSED AMENDMENTS

- 3) 85% of the interest accrued from the date of default or call until the date payment is made up to a maximum of 120 days.
- 1) *The Illinois Farmer and Agribusiness Loan Guarantee Fund shall be used to secure State guarantee on YFG loans. [20 ILCS 3605/12.4.]*
- 1) The Authority shall guarantee up to \$50,000,000 in loans through the State Livestock Guarantee Program (SLP), YFG and State Guarantee Program for Agri-Industries (SGPAI). The Illinois Farmer and Agribusiness Loan Guarantee Fund shall be funded with \$15,000,000 to cover any losses under these programs.
- 2) The Authority shall direct payments from this fund to guarantee holders as described in subsection (h) above.
- 3) Monies returned to the State on the disposition of collateral as described in subsection (f) above shall be deposited to this fund.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

#### Section 1400.148 Rules and Guidelines Applicable to the Specialized Livestock Guarantee Program

- a) General Description of Program. The Specialized Livestock Guarantee Program (SLP) is designed to enhance opportunities for many Illinois farmers who want to position themselves for success in the changing livestock industry. This program targets specialized, family sized livestock operations, including swine and dairy and beef cattle operations. Loan funds may be used primarily for construction, purchase, and/or remodeling of facilities, and also for purchases of equipment, and breeding livestock or other capital assets. In some cases, loan proceeds may be used to refinance existing debt as needed to improve lien positions or improve financial structure. The provisions of this Section are applicable only to the SLP.
- b) Definitions applicable to the SLP.

"Applicant" means a farmer whose application for a Specialized Livestock Guarantee has been submitted to the Authority by a lender.

"Asset" includes, but is not limited to, the following: crops or feed on hand; livestock held for sale; breeding stock; cash; marketable bonds and securities; securities not readily marketable; accounts receivable; notes receivable; cash invested in growing crops; net cash value of life insurance; machinery and equipment; cars and trucks; farm and other real estate including life estates and personal residence; value of beneficial interest in trusts; government payments or grants; capitalized leases; retirement accounts; and any other assets.

## ILLINOIS FARM DEVELOPMENT AUTHORITY

## NOTICE OF PROPOSED AMENDMENTS

"Debt to Asset Ratio" means total outstanding liabilities, including any debt to be financed or refinanced under this Section, divided by total assets.

"Fund" means the Illinois Farmer and Agribusiness Loan Guarantee Fund, which is the State's fund to cover losses resulting from defaults on Specialized Livestock Guarantee loans.

"Liability" includes, but is not limited to, the following: accounts payable; notes or other indebtedness owed to any source; taxes; rent; amounts owed on real estate contracts or real estate mortgages; judgments accrued; interest payable; indebtedness under capitalized leases; and any other liability.

"SLP Loan" means an installment note for which the State of Illinois shall be liable for 85% of the total principal and interest as determined by the Authority.

- c) Eligible Farmers. To qualify for participation in the SLP, the applicant must:

- 1) be a resident of the State of Illinois. In the case of entities other than sole proprietorships, the owners of such entity must be Illinois residents.
- 2) be the principal operator and/or materially involved in the operation.
- 3) have adequate cash flow and collateral.
- 4) certify to the Authority that, at the time the State Guarantee is provided, the borrower will not be delinquent in the repayment of any debt. [20 ILCS 3605/12.5]

- d) Limitations

- 1) SLP loans shall not exceed \$1,000,000 per applicant. An applicant may use this program more than once, provided the aggregated principal of SLP loans to that applicant does not exceed \$1,000,000. [20 ILCS 3605/12.5]
- 2) Each SLP loan shall be no longer than 15 years in duration. [20 ILCS 3605/12.5] The payment schedule for the loan will be tailored to the applicant's collateral and cash flow.
- 3) The SLP loan can be fully or partially paid at any time while the loan is outstanding as long as the loan is held in the lender's portfolio and not sold into a secondary market. SLP loans may not be assumed.

- e) Application Procedures and Review.

- 1) Lenders shall apply for the State Guarantees on forms provided by the Authority and certify that the application and any other documents submitted are true and correct. The application shall, at a minimum, contain the farmer's name, address, present credit, and financial information, including cash flow statements, financial statements, balance sheets, and any other information



## ILLINOIS FARM DEVELOPMENT AUTHORITY

## NOTICE OF PROPOSED AMENDMENTS

*pertinent to the application, and the collateral to be used to secure the State Guarantee.* [20 ILCS 3605/12.5] Applications shall be processed by the Authority on a first come, first served basis, based upon the receipt of all completed documents by the Authority.

- 2) Each applicant shall pay a \$300 application fee which will be submitted to the Authority at the time of the application. At the time the loan is closed, the applicant will be required to pay a closing fee of 1% of the SFP Loan amount less the \$300 application fee. Of this 1% closing fee, the Authority shall receive 3/4% and the lender shall receive 1/4% to cover administrative expenses in completing the application packet and closing documents. The 1% closing fee may be included in the State Guarantee Loan amount. The lender shall charge no fees or points in addition to those outlined herein. *The applicant shall be responsible for paying any fee or charge involved in recording mortgages, releases, financing statements, insurance for secondary market issues, and any other similar fee or charge that the Authority may require.* [20 ILCS 3605/12.5]
- 3) *The lender must agree to charge a fixed or adjustable interest rate that the Authority determines to be below the market rate of interest generally available to the borrower. If both the lender and applicant agree, the interest rate on the State guaranteed loan can be converted to a fixed interest rate at any time during the term of the loan.* [20 ILCS 3605/12.5]
- 4) When a State Guarantee application is submitted to the Authority, the Authority shall review the application to determine whether it is complete and whether it meets the criteria established by the Act and this Section. When the Authority has completed the review of the Guarantee application, the application shall be presented, along with a statement of recommended action, to the Board for review at its next regularly scheduled meeting. The review shall include whether the applicant and lender are in compliance with the requirements of the program. The review shall also include an evaluation of collateral, percentage of loan, debt to asset ratio, cash flow, etc.
- 5) The Board shall approve the application and provide the Guarantee, pursuant to the Act and this Section; or, deny the application and serve upon the lender and applicant a written statement of the grounds for the denial.
- 6) If the application is denied, the applicant and the lender may request reconsideration stating reasons why the Board should withdraw its denial of the application and approve the State Guarantee. The request should be accompanied by supporting documents and/or information not previously considered by the Board. The Board shall review the request at its next scheduled meeting, and shall either approve or deny the application. A denial of a request for reconsideration shall be final.

## ILLINOIS FARM DEVELOPMENT AUTHORITY

## NOTICE OF PROPOSED AMENDMENTS

- 7) Upon approval of an application and receipt of the documentation necessary to prepare loan closing documents, an SFP Loan Closing Documents package, which contains all the appropriate forms and documents to execute, shall be prepared by the Authority and sent to the lender. Upon completion of all such forms and documents by the applicant, lender and Authority and after satisfaction of all loan closing requirements, the SFP Loan guarantee will be considered in force.

f) Provision of Renewal of State Guarantees. *The Authority shall provide or renew a State Guarantee to any lender if:*

- 1) *the lender pays a fee equal to 25 basis points on the loan to the Authority on an annual basis* [20 ILCS 3605/12.5];
- 2) *the applicant provides collateral acceptable to the Authority that is at least equal to the State Guarantee* [20 ILCS 3605/12.5];
- 3) *the lender certifies the lender must certify that, to the best of the lender's knowledge, all information is true and correct on the application, balance sheets, security analysis, cash flow projection and any other documents submitted;*
- 4) *the lender assumes all responsibility and costs for pursuing legal action on collecting any loan that is delinquent or in default* [20 ILCS 3605/12.5];
- 5) *the lender is at risk for the first 15% of the outstanding principal of the note for which the State Guarantee is provided* [20 ILCS 3605/12.5];
- 6) *the lender must certify that, to the best of the lender's knowledge, all information is true and correct on the application, balance sheets, security analysis, cash flow projection and any other documents submitted;*
- 6) *the lender assumes responsibility for the timely collection and disposition of collateral on an SFP Loan that is in default; provided however, that the lender shall not collect or dispose of collateral on the SFP loan without the express written prior approval of the Authority. Approval shall be granted if the collateral is disposed of in a commercial manner, which nets an amount closely approximating the value of the collateral;*
- 7) *the lender agrees that the Authority has final approval on the sale of all collateral for the SFP loan. After the sale of collateral, the State shall be reimbursed its 85% guaranteed portion of the principal balance at default. If funds from the sale of collateral remain after this payment, the lender shall be reimbursed its 15% of the principal balance at default. If excess funds remain after paying the principal to the State and lender, then the State and lender shall be repaid interest on a prorated basis; 85% of such excess funds shall be allocated to the State's portion and 15% shall be allocated to the lender's portion.*
- 9) *The SFP Loan shall be reviewed annually by the lender and IFDA for*

## ILLINOIS FARM DEVELOPMENT AUTHORITY

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adequacy of collateral and performance by the applicant. The applicant is required to provide the lender with a current financial statement annually.

- 1) If it is determined that there is not sufficient collateral to adequately secure the SLP Loan, additional collateral may be required. If the applicant is unwilling or unable to pledge additional collateral, the SLP Loan may be called due and payable.
  - 2) If an SLP Loan is going to be called for any reason, written notice which specifies the reasons for said action must be served to all parties (IFDA, lender, and borrower) not less than 90 days prior to call of the loan.
  - 3) Failure of the applicant to make any payment on or before its due date shall render the loan delinquent. Notice of this delinquency shall immediately be sent to all parties. If the loan remains delinquent for a period of 90 days, the total outstanding principal and interest shall become due and payable immediately on the entire SLP Loan. The SLP Loan cannot be reinstated after the 90-day delinquency period.
  - h) In the event of default that is not cured within 90 days or in the event a loan is called for any reason, the Authority shall make payment of the guaranteed portion of the SLP Loan to the holder of the guarantee. This payment shall be equal to the sum of:
    - 1) 85% of the principal balance as of the date of default or date of call less any proceeds received from sales of collateral;
    - 2) 85% of the interest balance as of the date of default or call; and
    - 3) 85% of the interest accrued from the date of default or call until the date payment is made, up to a maximum of 120 days.
  - i) The Illinois Farmer and Agribusiness Loan Guarantee Fund shall be used to secure State guarantees on SLP Loans. [20 ILCS 3605/12.5]
    - 1) The Authority shall guarantee up to \$50,000,000 in loans through the SLP, IFG and SGPAI. The Illinois Farmer and Agribusiness Loan Guarantee Fund shall be funded with \$15,000,000 to cover any losses under these programs.
    - 2) The Authority shall direct payments from this fund to guarantee holders as described in subsection (h) above.
    - 3) Monies returned to the State on the disposition of collateral as described in subsection (f) above shall be deposited to this fund.
- (Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: Standards and Requirements for Pre-Admission Screening and Participating Mental Health Centers
- 2) Code Citation: 59 Ill. Adm. Code 258
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
258.100	Repeal
258.110	Repeal
258.120	Repeal
258.130	Repeal
258.200	Repeal
258.210	Repeal
258.220	Repeal
258.230	Repeal
258.240	Repeal
258.250	Repeal
258.260	Repeal
258.280	Repeal
258.300	Repeal
258.310	Repeal
258.320	Repeal
258.330	Repeal
258.340	Repeal
258.350	Repeal
258.360	Repeal
258.370	Repeal
258.380	Repeal
258.390	Repeal
258.400	Repeal
258.410	Repeal
258.500	Repeal
258.510	Repeal
258.520	Repeal
258.530	Repeal
258.540	Repeal
- 4) Statutory Authority: Implementing Sections 3-207, 3-208, 3-300, 3-400, 3-405, 3-502, 3-504, 3-601, 3-601.1, 3-603, 3-606, 3-607, 3-702, 3-704, 3-706, 3-810, 3-811, 3-812, 3-902, and 3-909 [405 ILCS 5/3-207, 3-208, 3-300, 3-400, 3-405, 3-502, 3-504, 3-601, 3-601.1, 3-603, 3-606, 3-607, 3-702, 3-704, 3-706, 3-810, 3-811, 3-812, 3-902 and 3-909] and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/5].
- 5) A. Complete Description of the Subjects and Issues involved: P.A. 91-0726, effective June 2, 2000, repeals P.A. 88-484. Public Act 88-484 created the participating mental health centers and required the development of

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this rule to implement the Act. With the passage of P.A. 91-0726 and the repeal of the provisions that authorized the participating mental health centers, the Department is proposing a repeal of the rule that implemented P.A. 88-1484.

- 6) Will this proposed repealer replace an emergency repealer currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed repealer contain incorporations by reference? No
- 9) Are there any other amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives (if applicable): This rulemaking does not create or expand a State mandate.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the Illinois Register. All requests and comments should be submitted in writing to:

Ms. Susan Weir, Bureau Chief  
Bureau of Administrative Rules and Procedures  
Department of Human Services  
100 South Grand Avenue East  
3rd Floor Harris Bldg.  
Springfield IL 62762  
(217) 785-9772

If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.

## 12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: Community mental health centers and other community providers providing mental health services to DHS clients.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary form compliance: None

- 13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent agendas because: This repealer is a result of the spring 2000 legislative session and was not anticipated at the time of the agency's last regulatory agenda.

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The full text of the Proposed Repealer begins on the next page:



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TITLE 59: MENTAL HEALTH

CHAPTER 1: DEPARTMENT OF HUMAN SERVICES

PART 258

STANDARDS AND REQUIREMENTS FOR

PRE-ADMISSION SCREENING AND PARTICIPATING MENTAL HEALTH

CENTERS (REPEALED)

SUBPART A: GENERAL PROVISIONS

Section	Purpose
258.100	Incorporation by reference
258.110	Individuals' rights
258.120	Definitions
258.130	

SUBPART B: PARTICIPATING MENTAL HEALTH CENTER REQUIREMENTS

Section	
258.200	Applicability
258.210	Criteria for application and participation
258.220	Application and formal agreement
258.230	Renewal of formal agreement
258.240	Non-transferability of formal agreement
258.250	Withdrawal
258.260	Denial or revocation of formal agreement
258.270	Hearings regarding denial or revocation of formal agreement (Repealed)
258.280	Annual directory

SUBPART C: SCREENING AND DISPOSITION SERVICES

Section	
258.300	Screening service requirements
258.310	State-operated facility admission criteria
258.320	State-operated facility admission disposition
258.330	Court-ordered admissions
258.340	Admission of individuals alleged to be subject to involuntary admission
258.350	Court linkage
258.360	Linkage and continuity of care
258.370	Confidentiality
258.380	Clinical records
258.390	Service area boundaries, community service area boundaries and requirements
258.400	Responsibility for undomiciled individuals and individuals from a geographic area other than that served by the participating mental

health center

Interagency linkages

SUBPART D: QUALITY ASSURANCE

Section	
258.500	Quality assurance requirements and performance indicators
258.510	Contract dispute resolution
258.520	Disposition dispute resolution process
258.530	Utilization review hearings
258.540	Complaint investigation

AUTHORITY: Implementing Sections 3-207, 3-208, 3-300, 3-400, 3-405, 3-502, 3-504, 3-601, 3-601.1, 3-603, 3-606, 3-607, 3-702, 3-704, 3-706, 3-810, 3-811, 3-812, 3-902 and 3-909 [405 ILCS 5/3-207, 3-208, 3-300, 3-400, 3-405, 3-502, 3-504, 3-601, 3-601.1, 3-603, 3-606, 3-607, 3-702, 3-704, 3-706, 3-810, 3-811, 3-812, 3-902 and 3-909] and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/5].

SOURCE: Adopted at 19 Ill. Reg. 8203, effective June 15, 1995; recodified from the Department of Mental Health and Developmental Disabilities to the Department of Human Services at 21 Ill. Reg. 9321; emergency amendment at 23 Ill. Reg. 4547, effective April 2, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 10837, effective August 23, 1999; repealed at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART A: GENERAL PROVISIONS

Section 258.100 Purpose

- a) The requirements set forth in this part establish criteria for participation by providers which voluntarily elect to become "participating mental health centers" (PMHCs) as defined in Section 258.130. These requirements are for the purpose of assuring that individuals at risk of hospitalization in State-operated facilities are assessed for need for hospitalization and receive the least restrictive appropriate services based on an assessment of their needs and the services available.
- b) The Department shall use these requirements to enter into formal agreements with providers to become participating mental health centers.
- c) The service goals include, but are not limited to the following:
- 1) Providing a range of services so that individuals can receive these services in settings which do not unnecessarily restrict their liberty;
  - 2) Enabling individuals with a mental illness to access services,

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- commensurate with their preferences and needs;
- 3) Preventing unnecessary hospitalization and dislocation or extrusion of individuals with a mental illness from their communities;
  - 4) Insuring continuity of care; and
  - 5) Providing for a quality assurance process for screening services.

**Section 258.110 Incorporation by reference**

Any rules of an agency of the United States or of a nationally-recognized organization or association that are incorporated by reference in this Part are incorporated as of the date specified and do not include any later amendments or editions.

**Section 258.120 Individuals' rights**

To insure that individuals' rights are protected and that all services provided to individuals comply with the law, participating mental health centers shall ensure that:

- a) The rights of individuals shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/Ch. 2].
- b) The right of individuals to confidentiality shall be governed by the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110].
- c) All other applicable local, State and Federal mental health laws are fully complied with.
- d) Staff shall inform individuals in writing of the following:
  - 1) Their rights in accordance with subsections (a) and (b) of this Section.
  - 2) Their right to contact the Guardianship and Advocacy Commission, Equip for Equality, Inc. (the agency designated by the Governor under Section 1 of the Protection and Advocacy for Mentally Ill Persons Act [405 ILCS 45/1]), the PMHC's human rights or grievance committee and the Department. On request staff shall offer assistance to individuals in contacting these entities, giving each individual the address and telephone number of the Guardianship and Advocacy Commission, Equip for Equality, Inc., the PMHC human rights or grievance committee and the Department's Quality Care line 1/800-843-6154.
  - 3) This information shall be given to the individuals and guardians, if any, in a language which they understand or in sign language if the individual is hearing impaired.
- e) Individuals or guardians shall be permitted to present grievances and to appeal adverse decisions of the PMHC. This shall be done in accordance with Section 258.530.
- f) Individuals shall not be denied, suspended or terminated from services or have services reduced for exercising any of their rights.

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**Section 258.130 Definitions**

For the purposes of this Part, the following terms are defined:

"Act." The Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1/05].

"Admitting privileges." The privilege to admit an individual for treatment to an inpatient setting that is extended to persons who are members of a hospital's medical staff organization and who meet that hospital's credentialing standards and the standards as required by Illinois law.

"Aftercare." The continuation of needed care and services provided to an individual discharged from a State-operated facility in an appropriate setting, with individualized follow-up services.

"Alternative services." Appropriate treatment provided in the community to an individual with a mental illness when there is an assessment determining that hospitalization in a State-operated facility is not necessary.

"Assertive community treatment (ACT)." A specialized service delivery and coordination method and process in which a staff team assumes ultimate accountability for a defined case load with a staff-to-client ratio of 1 to 10 or 15 clients and becomes the single point of responsibility for that case load throughout the clients' tenure in the service system. In this context assertive community treatment means that staff are extremely persevering, on a consistent basis (sometimes insistent), and always energetically persuasive in the face of resistance, negativity, and symptomatic behavior. It means including delivering services in the client's home and local community, but seldom in the office, continuously formulating positive goals with the individual and creating appropriate opportunities for treatment, support, and rehabilitation.

"Assessment." The use of a professionally developed objective approach with which to evaluate the physical, social, developmental, behavioral, psychosocial and other aspects of an individual.

"Authorized representative." The administrative head of an entity appointed by the entity's governing body with overall responsibility for fiscal and programmatic management.

"Case coordinator" or "coordination." The person or mechanism for assuring and coordinating services to meet the individual's needs, including assessment of service needs, development of individualized plans, arrangement for service delivery, advocacy with service

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providers, and follow-up.

"Clinical psychologist." A person licensed pursuant to the Clinical Psychologist Licensing Act [225 ILCS 15].

"Clinical record." Documentation kept by a facility or community provider concerning the services provided to an individual with mental illness.

"Clinical social worker." A person who holds a license pursuant to the Clinical Social Work and Social Work Practice Act [225 ILCS 20] authorizing the independent practice of clinical social work in Illinois.

"Code." The Mental Health and Developmental Disabilities Code [405 ILCS 5].

"Communication assistance." Services that enable the individual to communicate effectively with providers. Such services include non-English speaking interpreters, sign language interpreters, augmentative communication devices and assistive listening devices.

"Community provider." A community organization or facility which provides treatment services to individuals with mental illnesses. Such organizations or facilities may have contractual arrangements with the Department to provide such services.

"Community service area." The established geographic boundaries as defined herein, within which a participating mental health center and other service agencies provide services. (Section 1-114.4 of the Code)

"Confidentiality Act." The Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110].

"Continuity of care." Refers to a systematic approach to the provision of care necessary when needed and where needed, with a relatedness between past, present and future care in conformity with the therapeutic needs of the individual. Individual care is primarily the responsibility of the community provider, regardless of the location of service. Services must be consistent across settings. Continuity of care requires involvement of the community provider in the provision of services in the community, in screening for inpatient admissions, in planning and provision of inpatient treatment, in planning for discharge, and in providing post-hospital care.

"Continuity of care agreement." A written agreement signed by representatives of a community provider and the Department which

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spells out the respective responsibilities of community providers and State-operated facilities in assuring continuity of care for individuals admitted to, treated in, and discharged from State-operated facilities.

"Day(s)." Calendar days unless otherwise specified.

"Department." The Department of Human Services.

"DCFS." The Department of Children and Family Services.

"Dependent." Any person who relies on the individual being screened as a primary caregiver and who is unable to care for himself or herself. This may include minors, persons with disabilities or parents living with the individual being screened.

"Diagnosis." A category of disorder stated in accordance with either the Classification in Mental Retardation (American Association on Mental Retardation (AAMR), 1719 Kalorama Road, N.W., Washington, D.C. 20009 (1992)), the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, revised (DSM-III-R, American Psychiatric Association (1987)), or the International Classification of Diseases, Clinical Modification, Fourth Edition (ICD-9-CM) (Commission on Professional and Hospital Activities, Edwards Brothers, Ann Arbor, Michigan 48106 (1991)).

"Discharge." The full release of an individual from a State-operated facility.

"Facility director." The chief officer of a mental health facility or his or her designee or the supervisor of a program of treatment, or his or her designee. Designee may include a physician, clinical psychologist, social worker, or nurse. (Section 1-104 of the Code)

"Family" or "families." A basic unit or constellation of one or more adults and/or children, foster or adoptive parents and children, and private individual guardian(s).

"Formal agreement" or "agreement." The contract or other document entered into between the Department and the participating mental health center which approves and authorizes the entity to function as a participating mental health center.

"Guardian." The court-appointed guardian of the person and/or estate under the Probate Act of 1975 [755 ILCS 5].

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"Homeless." Individuals lacking a fixed and regular nighttime residence including individuals whose primary nighttime residence is a temporary shelter, temporary accommodation in the residence of another individual or a place not designated for or ordinarily used as a regular sleeping accommodation (e.g., park, bus station, automobile). The term does not include individual(s) under 21 years of age provided care or services in a facility licensed by DCS. (Child Care Act of 1969 [225 ILCS 10])

"Hospitalization" or "hospitalized." The treatment of an individual by a mental health facility as an inpatient. (Section 1-112 of the Code)

"Individual." A recipient of services as defined by Section 1-123 of the Code.

"Individual integrated services/treatment plan", "services/treatment plan", or "plan." A written plan which includes an assessment of the individual's strengths and needs, a description of the variety of services needed, regardless of availability, objectives for each service to be provided, the role of the individual or guardian, significant others and the family in the implementation of the plan when indicated, an anticipated timetable for the accomplishment of objectives, and the name(s) of the person(s) responsible for the plan's implementation.

"Informed consent." Permission freely granted by an individual who has the legal capacity to give informed consent or legal guardian for the release of information, for participation in services specified or for the use of a specific procedure based on full disclosure to the individual or guardian of the nature of risks and benefits of the proposed services, the alternatives to the proposed services, and the individual prognosis with and without the proposed services.

"Intake." The administrative and assessment process for admission to a facility or program.

"Interdisciplinary process." A set of steps or a system to assess an individual's strengths and needs, with input from the individual requesting and/or receiving services and from the disciplines providing or targeted to provide services, in order to develop, review and update a service plan.

"Interdisciplinary team" or "team." A group consisting of at least the individual, the individual's family (except when an individual who is legally competent or the guardian of an individual who is legally incompetent does not desire the individual's family to participate), the guardian and representatives of the disciplines and services

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necessary to identify the individual's needs, services and alternatives to meet them. At least one member of the team shall be a qualified mental health professional and, when appropriate in the case of a dual diagnosis, there shall also be a qualified mental retardation professional as defined in the Department's rule at 59 Ill. Adm. Code 115-20.

"Involuntary admission." The admission of an individual who has a mental illness and who because of his or her illness is reasonably expected to inflict serious physical harm on himself or herself or another in the near future; or who because of his or her illness is unable to provide for his or her basic physical needs so as to guard himself or herself from serious harm. (Section 1-119 of the Code)

"Local area network (LAN)." A consortium of stakeholders organized for the purpose of facilitating a comprehensive system of care for the Department's priority populations. The local area network brings together key mental health stakeholders to plan, organize, and implement a comprehensive service system within designated geographic areas. The LAN is organized through a steering committee which is facilitated by the coordinating agency(ies). At a minimum the LAN steering committee includes Department funded providers, DCS funded providers (LANs for children and adolescents only), 1500 Boards (comprehensive community based youth services providers/youth services planning boards; children and adolescents LANs only), Section 17 of the Children and Family Services Act (20 ILCS 905/17) Primary and secondary consumers, State-operated facility staff, 708 Boards (local mental health authorities) (the Community Mental Health Act [405 ILCS 20]) and 553 Boards (public health departments) [55 ILCS 5/5-25001]. LAN meetings are held to include broad community participation in the local planning. The LAN provides a framework for a unified service system which includes, but is not limited to clarifying which agencies within a geographic area will take responsibility for assessment, triage, and comprehensive treatment, eliminating gaps in service, and improving communication among providers. (see Section 5-25001 of the Counties Code)

"Linkage." Person-to-person contact between either the individual or the staff at a community provider or at the State-operated facility from which an individual is being discharged and the staff of another community provider which has agreed to provide necessary aftercare services following the individual's discharge or referral to another community provider to assure coordination of aftercare plans and referral of the individual to the community agency.

"Wanted follow-up." The statutorily-required monitoring of individuals placed by the Department in licensed long-term care facilities using on-site visits to the facility for the purpose of



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observing the health, well-being and adjustment of the individual as well as the appropriateness of the services and the suitability of the facility. This monitoring activity must be provided for 12 months following placement, including weekly visits during the first month, or for longer periods as required. (See Section 15 of the Act)

"Medicaid certification." Certification by the Department's Bureau of Quality Assessment or the DCS Office of Medicaid Certification that the agency is in compliance with the Department's rules at 59 Ill. Adm. Code 132 and may be enrolled by the Department of Public Aid for participation in the mental health Medicaid initiative. Such agencies may receive Medicaid contracts with the Department or DCS for reimbursement of services.

"Medication." A substance, whether a prescribed or an over-the-counter drug, that is taken by or administered to an individual to treat a physical, emotional, or mental condition.

"Mental health facility." Any licensed private hospital, institution or facility or section thereof, and any facility, or section thereof, operated by the State or a political subdivision thereof for the treatment of individuals with a mental illness and includes all hospitals, institutions, clinics, evaluation facilities, and mental health centers which provide treatment for such persons. (Section 1-114 of the Code)

"Mental illness." A mental or emotional disorder verified by a diagnosis contained in the DSM-III-R or ICD-9-CM or subsequent revisions thereof, which substantially impairs the individual's cognitive, emotional and/or behavioral functioning; excluding V codes, organic disorders such as dementia and those associated with known or unknown physical conditions such as hallucinosis, amnesic disorder, and delirium; psychoactive substance induced organic disorders; and mental retardation or psychoactive substance use disorder. For purposes of this Part, this does not exclude individuals with a dual diagnosis of mental illness and mental retardation or mental illness and psychoactive substance use disorders.

"Moral turpitude." Quality of being inherently base, depraved, vile or wicked.

"Participating mental health center (PMHC)." A community mental health center, other community entity, or child welfare agency providing mental health services, which has entered into a contract or formal agreement with the Department on or after July 1, 1994, to provide screening of individuals for hospitalization in State-operated mental health facilities and for alternative treatment to hospitalization, and other services for individuals with mental

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*illness in a designated community service area.* (Section 114.2 of the Code)

"Performance indicator." Measurements that can be used to operationally specify how well an organization is functioning along one or more dimensions that represent agreed upon goals or values of a program. The measures are quantitative, objective and calibrated against some standard(s) that permit comparison within organizations over time and between organizations participating in the program.

"Physician." Any person licensed by the State of Illinois to practice medicine in all its branches and includes any person holding a temporary license as provided in the Medical Practice Act of 1987 [225 ILCS 60]. (Section 1-120 of the Code)

"Presented." Means an individual who was brought for mental health services to a State-operated facility (SOF) or PMHC by another person. It includes anyone whom the PMHC was requested to screen at a remote location, including but not limited to emergency rooms, jails, police stations, shelters, State-operated facilities and homes.

"Presenting." An individual comes to a SOF or PMHC seeking mental health services.

"Program." An organized system of services designed to provide for the treatment needs of individuals.

"Psychiatrist." A person, as defined under "physician" in this Section, who is board eligible or board certified in psychiatry, or who qualifies as a psychiatrist under Section 1-121 of the Code; i.e., is a physician with at least three years of formal training or experience in the diagnosis and treatment of mental illness.

"Qualified certifier." A physician, licensed clinical psychologist (Clinical Psychologist Licensing Act [225 ILCS 15]) or a qualified examiner who is employed or under contract with a participating mental health center for the purpose of providing evaluation and screening for State-operated mental health facility admissions. (Section 1-114.3 of the Code)

"Qualified examiner." A person who is a licensed clinical social worker (Social Work and Social Work Practice Act [225 ILCS 20]) with a master's or doctoral degree in social work from an accredited graduate school of social work and who has at least three years of supervised post-master's degree clinical social work practice which shall include the provision of mental health services for the evaluation, treatment and prevention of mental and emotional disorders; or a registered nurse (Illinois Nursing Act of 1987 [225 ILCS 65]) with a master's

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*degree in psychiatric nursing who has three years of clinical training and experience in the evaluation and treatment of mental illness which has been acquired subsequent to any training and experience which constituted a part of the degree program.* (Section 1-122 of the Code)

"Quality assurance (QA)." A systematic and objective approach to monitoring and evaluating the appropriateness, adequacy and quality of services.

"Registered nurse." A person who is licensed as a professional nurse under the Illinois Nursing Act of 1987.

"Screening." The act of evaluating on a face-to-face basis an individual presenting or presented for admission into a State-operated facility for the appropriateness of admission or for alternative treatment.

"Screening, assessment and support services (SASS)." Intensive community-based mental health services funded by both the Department and DCS which are provided to children who are at risk of or who actually experience hospitalization due to psychiatric reasons. SASS include pre-admission screening services to determine a child's need for psychiatric hospitalization; intensive mental health services for up to 90 days for children determined to not need psychiatric hospitalization; monitoring, discharge linkage and after care planning for children who are hospitalized for psychiatric reasons; and intensive mental health services for up to 90 days for children discharged from psychiatric hospitalization.

"Secretary." The Secretary of the Department of Human Services or his or her designee.

*"Service area." The established geographic boundaries as defined by the Department, composed of several community service areas, within which State-operated mental health facilities provide services.* (Section 1-114.5 of the Code)

"Services." Treatment, as defined here in this Section.

"STA." Subject to involuntary admission.

"Significant other(s)." The individual's legal guardian, if one has been appointed, the individual's family, members of the immediate household and close friend(s).

"State-operated facility" or "State-operated mental health facility" or "SOP." *A mental health facility operated by the Department.* (Section 1-114.1 of the Code)

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"Statewide Coordinator of Deaf Services." An employee designated by the Department to provide information and assistance relative to the needs of individuals who are deaf, deaf-blind, late deafened, or hard of hearing.

"Termination." The formal discontinuance of mandated follow-up monitoring of individuals placed in licensed long-term care facilities or discontinuance of case coordination for individuals who were previously served in State-operated facilities.

"Treatment." *An effort to accomplish an improvement in the mental condition or related behavior of an individual. Treatment includes, but is not limited to, hospitalization, partial hospitalization, outpatient services, examination, diagnosis, evaluation, care, training, psychotherapy, pharmaceuticals and other services provided for individuals by mental health facilities.* (Section 1-128 of the Code)

"Undomiciled." Not having a residential address which is assignable to a specific State of Illinois geocode (geographic area). Includes individuals who are permanent residents of other states or countries and "residents" of Illinois who are homeless but who may be assigned a geocode for purposes of the provision of service.

"Uniform screening and referral form (USARF)." A standard form completed by participating mental health centers to summarize the findings and recommendations resulting from a screening for SOP admission or deflections.

"Utilization review." The process of using predefined criteria to evaluate the necessity and appropriateness of admission to and treatment in a program or set of services. This process should not be confused with the utilization review hearings held in accordance with the Department's rule at 59 Ill. Adm. Code 112.10.

"Utilization review hearing." A hearing convened in accordance with the Department's rule at 59 Ill. Adm. Code 112.10 to hear the facts concerning an objection to a denial of admission, objection to a transfer or objection to discharge.

## SUBPART B: PARTICIPATING MENTAL HEALTH CENTER REQUIREMENTS

## Section 258.200 Applicability

This Part shall apply to all public or private agencies, corporations or organizations which seek to be participating mental health centers and are, therefore, subject to Department review.

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## Section 258.210 Criteria for application and participation

## a) Medicaid certification

The applicant shall provide evidence of Medicaid certification under the Department's rules at 59 Ill. Adm. Code 132, Medicaid Community Mental Health Services Program, or be a Department-funded community mental health center that is a part of or formally affiliated with a licensed hospital providing psychiatric services, inpatient or outpatient. (Hospital Licensing Act [210 ILCS 85])

## b) Necessary services or linkages

An entity applying for participation as a participating mental health center (PMHC) must make reasonable efforts to assure the provision of the services set forth below either directly through its own organization or through written linkage agreements with other entities. The provision of these services must be accessible and should be sufficient to meet the reasonably anticipated needs of the community service area.

1) Twenty-four hour crisis response capacity including the ability to provide screening services detailed in Subpart C of this Part and necessary interventions in order to stabilize the crisis;

2) Crisis intervention services as described in the Department's rules at 59 Ill. Adm. Code 132;

3) Crisis residential services;

4) Service needs evaluation or rehabilitation needs assessment, and treatment planning as described in the Department's rules at 59 Ill. Adm. Code 132;

5) Outpatient treatment;

6) Psychiatric treatment as described in the Department's rules at 59 Ill. Adm. Code 132;

7) Access to acute inpatient hospitalization in a community hospital providing psychiatric service;

8) Day treatment as described in the Department's rules at 59 Ill. Adm. Code 132;

9) Case management services as described in the Department's rules at 59 Ill. Adm. Code 132;

10) Access to an array of housing and residential services which may include a range from independent intermittent supervision to a setting with 24-hour on site supervision; and

11) Linkage with any assertive community treatment program which may serve the community service area.

## c) Psychiatrist services

The applicant shall assure the availability of services by a psychiatrist as defined in Section 1-121 of the Code, sufficient to meet the level of screening service demand of the community service area.

## d) Local area network recommendation

The applicant shall provide written recommendation from the steering committee of the local area network(s) (LANs) indicating that the

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applicant has developed the application for PMHC status with the input of the LAN steering committee(s) for adult services and/or children and adolescent services.

## e) Continuity of care agreement

The applicant must have signed the Department continuity of care agreement.

## f) State-operated facility bed utilization agreement

The applicant must provide evidence of completion of preliminary planning with the State-operated facility (SOF) serving the applicant's community service area. Such preliminary planning is to include the specification of SOF bed utilization for the community service area for the past five years and at the time of application, and the agreed range of utilization which is anticipated.

## g) Service population

The preferred service population for one PMHC includes all age ranges. The PMHC may serve adults only, or children and adolescents only, if another PMHC serves the other age range for the designated community service area. In such situations, a written agreement for interagency linkage must be obtained. The preferred PMHC for children and adolescents shall be an agency funded by either the Department or DCFS to provide SASS services.

## h) Written plan for implementation and services

The applicant shall provide a written plan describing the community service area boundaries to be served, the implementation process and available services. Such plan shall address provisions for subsections (a) through (g) of this Section and implementation or availability of Subpart C and Subpart D of this Part.

## Section 258.220 Application and formal agreement

## a) Application forms

1) Applicants shall obtain forms to become PMHCs under this Part by writing to: Department of Human Services, ATTN: Participating Mental Health Center Services, Division of Mental Health and Forensic Services, William G. Stratton Building, Suite 400, Springfield IL 62765.

2) The application shall require an applicant to certify that it meets the criteria for application and participation as described in Section 258.210. In addition, the application shall request information about:

A) The applicant including the type of ownership, the names of all owners, partners and stockholders;

B) Site addresses and telephone numbers; and

C) The authorized representative for the applicant.

3) The authorized representative for the applicant shall sign and date the application forms.

## b) Application acceptance and verification

1) Applications or renewals shall be deemed received by the

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## Department on the postmark date.

- 2) The Department shall notify an applicant of any error or omission made in the submission of an application within 30 days after receipt of the application. Failure of the Department to respond shall not constitute a waiver of the requirements. If the applicant fails to respond to the notice within 30 days after its postmark date, the Department shall terminate the application process and notify the applicant within 60 days after the postmark date of the original notice.
- 3) The Department shall either approve or disapprove a completed application within 120 days after its receipt. If an application is incomplete, the Department shall notify the applicant of the status.
- 4) The Department may verify information supplied in applications.
  - c) On receipt of a completed application and verification of the applicant's compliance with this Part, the Department shall approve the application and enter into a formal agreement with the applicant which will authorize applicant to act as a participating mental health center as provided in the Code and this Part.
  - d) The Department shall negotiate with the applicants to establish reasonable dates on which the agreements shall become effective, to assure an orderly implementation which shall not unduly disrupt current procedures and processes. This process may involve implementation of a limited number of participating mental health centers starting on July 1, 1994, with the exact number to be determined by the Department.
  - e) The Department may conduct scheduled reviews of participating mental health centers. The Department shall review the records required under this Part or premises, or both, as it deems appropriate for the purpose of determining compliance with the Code and this Part. Any deficiencies noted shall be responded to by the participating mental health center within 30 days. The response shall be considered as accepted unless the Department indicates otherwise in writing within 30 days after receipt of that response. Reviews of PMHC's shall be coordinated with other review procedures conducted by the Department.
  - f) The term of the formal agreement is for one year, with the year beginning on July 1st and ending on June 30th. Initial agreements that are not signed by July 1st shall nonetheless end June 30th.
  - g) In the event that multiple agencies submit competing applications to serve as a PMHC for the same population of a community service area, the Department shall enter into a formal agreement with the applicant that the Department determines to be most qualified to provide the necessary services, based on past experience with the providers and the resources available to the providers and the recommendation of the local area network.
  - h) Any agency denied a formal agreement to provide PMHC service pursuant to subsection (g) of this Section may appeal the denial in accordance with Section 258.270.

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## Section 258.230 Renewal of formal agreement

- a) On Department notification, each participating mental health center shall submit a signed and dated renewal application at least 120 days prior to expiration of the current agreement if renewal is sought.
- b) PMHCs in compliance with this Part shall be renewed for an additional one-year period.
- c) If the Department does not approve an application for renewal, it shall notify the PMHC in writing 90 days prior to the expiration of the agreement.
- d) Notice of the Department's decision not to renew an agreement shall include a clear and concise statement of the reason on which the determination is based and notice of the opportunity for a hearing.

## Section 258.240 Non-transferability of formal agreement

- a) A formal agreement is not assignable or transferable.
- b) Discontinuation of operations causes the agreement to be void.

## Section 258.250 Withdrawal

- a) If, at any time, a PMHC determines that it will terminate operation as a participating mental health center, it shall notify the Department of its decision at least 60 days prior to the date of termination.
- b) This notice shall be given to the Department, to service providers working with the PMHC and to the affected court system(s) including the state's attorney and public defender, and to the Guardianship and Advocacy Commission.
- c) The notice shall state the proposed date for cessation and the reason.
- d) The PMHC shall continue to be liable for all actions arising from the duties as a participating mental health center during the timeframe of the contract and shall maintain responsibility for any hearings under Section 258.540 or required court testimony arising from its actions as a participating mental health center.

## Section 258.260 Denial or revocation of formal agreement

- a) The Department may deny or revoke an agreement at any time if the PMHC:
  - 1) Fails to comply with the service requirements identified in Subpart C of this Part;
  - 2) Fails to comply with the general agency requirements identified in Subpart B of this Part; or quality assurance requirements identified in Subpart D of this Part;
  - 3) Fails to correct deficiencies identified as a result of an on-site review by the Department;
  - 4) Submits false information either on Department forms or during an on-site review;



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- 5) Refuses to permit or participate in an on-site review;
- 6) Willfully violates any rights of individuals being served;
- 7) Fails to comply with the terms of the formal agreement; or
- 8) Conducts itself so as to present a conflict of interest with the role of a PMHC.
- b) If the Department determines that the health and safety of individuals is at risk, the agreement shall be revoked, at the Department's discretion, as soon as practical while preserving the health and safety of the individuals served by the PMHC. The Department shall immediately take all steps necessary to insure the health and safety of all affected individuals.
- c) Notice of intent to revoke will be given 90 days prior to the date of revocation, if the health and safety of individuals is not at risk.
- d) The 90 days notice period may be used by the PMHC to correct deficiencies, and on submission of proof of correction, the revocation may be reversed.
- e) The Department shall refuse to enter into an agreement or renew an agreement or shall revoke an agreement with an applicant if the owner and/or authorized representative of the applicant or licensee has been convicted of a felony, or a misdemeanor involving moral turpitude, as shown by a certified copy of the court judgment of conviction.
- f) If a PMHC contests the Department's decision regarding the denial or revocation of the agreement, it can request a hearing pursuant to 89 Ill. Adm. Code 508 by providing written notice of the request.
- g) If the agency does not request a hearing, or, if after conducting a hearing, the Department determines that the agreement should be denied or revoked, the Department shall proceed with the revocation or denial of the formal agreement.

(Source: Repealed at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

### Section 258-270 Hearings regarding denial or revocation of formal agreement (repealed)

(Source: Repealed at 23 Ill. Reg. 10837, effective August 23, 1999)

### Section 258-280 Annual directory

The Department shall annually publish and make available to interested persons and organizations a directory of participating mental health centers. The directory shall include the address, telephone number, and geographic area covered by each participating mental health center.

#### SUBPART C: SCREENING AND DISPOSITION SERVICES

### Section 258-300 Screening service requirements

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- a) The participating mental health center shall assure that all individuals presenting or presented in their community service area for admission to State-operated facilities are screened. It shall provide the screening service directly or through written agreements with other service providers (e.g., SNS programs) in the community service area.
- b) Screening shall be available on a 24-hour basis, every day of the year. Acknowledgement of the request for screening shall occur within 60 minutes after the request. The face-to-face screening shall be initiated within 90 minutes after the acknowledgement of the request (or in such time as is reasonable to accommodate the geography and service needs of the community service area).
- c) All persons presenting or presented for admission to a State-operated facility shall be screened on a face-to-face basis and the screening shall be completed within four hours after notice of need for screening.
- d) Screening shall be available whenever necessary at sites other than the designated community screening site, based on consumer and service area needs and shall be available for individuals who are homeless wherever they may be located. Screenings shall be conducted in settings which are judged by the qualified certifier to be safe for all parties involved in screening activities.
- e) Staffing composition
  - 1) There shall be adequate qualified personnel to ensure the continuous availability (24 hours per day, every day of the year) of face-to-face screening at locations in the community service area as needed.
  - 2) Staff qualified to conduct a screening are to be qualified in State-operated facility admissions screening which results in a certifiers as defined in Section 258.130.
  - 3) Staffing for screenings shall include qualified sign language interpreters on contract to be on call to provide communication assistance in order to assess the mental health status of an individual who is deaf or deaf-blind, or who uses sign language to communicate. Lists of qualified interpreters will be made available by the Department's Statewide Coordinator of Deaf Services for individuals who are deaf and hard of hearing.
- f) The screening shall assess:
  - 1) The individual's identification of the problem and his or her service needs;
  - 2) Signs and symptoms of mental illness;
  - 3) Mental status;
  - 4) Present level of functioning;
  - 5) Dangerousness to self or others;
  - 6) History of and current alcohol or substance abuse;
  - 7) Estimate of level of intellectual functioning;
  - 8) Brief treatment history, current medications, and community agency involvement;

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- 9) Recent psychosocial stressors and possible precipitants for the current deterioration;
- 10) Diagnostic impression;
- 11) Preliminary estimate of income;
- 12) Insurance or other hospitalization benefits;
- 13) Criminal charges, if any;
- 14) Social support system;
- 15) Presence of dependents;
- 16) To the extent that information is immediately available to the screener, whether dependent(s) of the individual being screened is at risk based on:
  - A) Reports or evidence of recent or past abuse or neglect of dependent(s), or
  - B) The individual being screened exhibits present or past severe behavioral propensities from which it could reasonably be concluded that dependent are at risk of abuse or neglect;
- 17) Housing status.

g) The qualified certifier shall inquire as to the presence of current medical problems which may be further treated in the local community. This provision is in no way a substitute for the regular medical examination which anyone entering a State-operated facility would receive. It is prudent to medically evaluate individuals who are receiving treatment in community facilities.

h) Whenever an individual presents or is presented for admission, the screening by the participating mental health center shall determine:

- 1) The individual's symptoms, if any;
- 2) Whether those symptoms could be managed in the community and, if so, by what type of services or combination thereof;
- 3) Whether such services are presently available to the individual;
- 4) If such services are not presently available to the individual, the reason they are not available;
- 5) Whether the individual's symptoms require admission to a State-operated facility; and
- 6) The existence of dependents when a parent or caregiver is screened, and if any exist, whether adequate arrangements have been made for the care of the dependent. If the individual requires hospitalization and such arrangements cannot be made, it is the responsibility of the screening agent to report to DCPS at 1/800/252-2873 in the case of minor dependent(s), or for adult dependents notify other appropriate authorities consistent with Section 11 of the Confidentiality Act.

AGENCY NOTE: These determinations shall be documented in a written record which is subject to the provisions of the Confidentiality Act and which shall be considered in any review of a denial of admission conducted pursuant to Section 3-405 of the Code and Section 258.540.

- 1) Participating mental health centers shall use a uniform screening and referral form to be completed for each individual screened for SOF

hospitalization regardless of outcome.

- 1) The uniform screening and referral form shall be designed by the Department with input for revision by PMHCs. The form shall be distributed by the Department.
- 2) A copy of the form shall be kept on file as a permanent part of the individual's clinical record at an identified location specified by the PMHC.
- 3) The PMHC shall assure that uniform screening and referral forms are maintained in such a manner that data can be periodically reviewed by the Department for chronological periods such as quarters of and full fiscal years.
- 4) If State-operated facility hospitalization is the outcome of the screening, the original of the uniform screening and referral form shall be provided to the State-operated facilities at the time of admission. The uniform screening and referral form shall be used for the written recommendation for admission to State-operated facilities.
- 5) If SOF hospitalization is the outcome, the uniform screening and referral form shall clearly state why a community alternative was not appropriate, the objective problems to be addressed through in-patient treatment, and the name of the recommended service provider to be responsible for continuity of care during and after hospitalization.
- 6) The original uniform screening and referral form shall be attached to any subsequently filed petition for involuntary admission.
- j) If an individual presents or is presented at the SOF for admission without having been screened, the SOF shall contact the PMHC and arrangements shall be made for a screening by the PMHC in a location appropriate for the screening depending upon the individual's clinical condition.
- k) Screening disposition
 

The screening shall result in a clear case disposition, with one of six possible outcomes, justified in the uniform screening and referral form:

  - 1) A finding of no need for treatment;
  - 2) A finding of need for appropriate alternative community services, with referral and linkage to that appropriate service;
  - 3) A finding of need for acute hospitalization with hospitalization available in a community inpatient setting and with assistance in accessing admission;
  - 4) A finding of need for acute hospitalization with hospitalization unavailable in a community inpatient setting, therefore resulting in a finding of need for State-operated facility admission, with a justified written recommendation in the uniform screening and referral form and arrangements made for transport to the State-operated facility;
  - 5) A finding of need for State-operated facility hospitalization,

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with a justified written recommendation in the uniform screening and referral form and arrangements made for transport to the State-operated facility; or

6) A finding that the individual could benefit from services, but refuses referral to either a hospital or to appropriate community services and does not meet criteria for involuntary hospitalization.

**Section 258.310 State-operated facility admission criteria****a) Adult criteria**

1) On application submitted pursuant to Sections 3-400 and 3-401 of the Code, any individual age 16 or older who applies for admission to a State-operated facility in any community service area that has a participating mental health facility, or who from such community service area applies directly to a State-operated facility, shall be admitted, if and only if:

A) No services exist within the community service area which are presently available to and appropriate for the individual for treatment and management of the presenting problem and services in other geographic areas that are usually available to the PMHC cannot be accessed; and

B) Is an individual who is alleged to be subject to involuntary admission by way of a petition; or is alleged to be subject to involuntary admission by way of a petition but who, in the opinion of the facility director or his or her designee, may be clinically appropriate for voluntary admission; or is an individual who is presenting for voluntary admission without a petition; and is mentally ill and because of that illness is exhibiting or reasonably expected to exhibit in the near future any of the following:

i) Dangerous behavior posing a risk to self, others or property such as threats, acts or ideation of harm to self or others, or grossly distorted or inappropriate affect that could put the individual at risk of harm to self or others;

ii) Impaired reality testing as manifested by disabling hallucinations, grossly distorted thought processes such as delusions, extreme disorientation or confusion accompanied by disturbed behavior; or

iii) Need for ongoing skilled observation due to inability to guard self from serious harm.

2) In non-emergencies an adult under the age of 21 shall be accompanied by a certification of need from a team of health care professionals who are independent from the SOF, which is signed by a physician and which certifies that the following regulatory elements are met:

A) Ambulatory care resources in the community do not meet the

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needs of the individual;

B) Inpatient treatment under the direction of a physician is needed; and

C) The services can reasonably be expected to improve the individual's condition or prevent further regression so that services will no longer be needed.

**b) Child and adolescent criteria**

1) On application submitted pursuant to Sections 3-503 and 3-504 of the Code, any minor for whom application to a State-operated facility is made who resides in a community service area that has a participating mental health center shall be admitted only if:

A) No services exist in the community service area which are presently available to and appropriate for the individual for treatment or management of the presenting problem and facilities or services in other geographic areas that are usually available to the PMHC cannot be accessed; and

B) The individual is a minor who is being presented on the application of the parent or guardian; or by a person in loco parentis or an interested person 18 years of age or older when, after diligent effort, the minor's parent, guardian or person in loco parentis cannot be located

(Section 3-504 of the Code) or is a minor 16 years of age or older seeking voluntary admission, who is mentally ill and because of that illness is exhibiting a serious emotional or behavioral disturbance of an acute nature, requiring and likely to be responsive to an intensive level of short-term care available only in a psychiatric hospital with 24-hour access to physicians and nurses. Severe emotional and behavioral disturbance that may be attributable to mental illness and likely to be responsive to psychiatric hospitalization could be characterized by one or more of the following:

i) Acute disabling symptoms such as impaired reality testing, rapid cognitive decline, formal thought disorder, bizarre or irrational behavior, hallucinations, severely depressed mood, affective lability, or dissociation;

ii) Imminent danger to self, others, or property (attributable to primary psychiatric disease);

iii) Acute impairment of interpersonal, familial, community, occupational, or academic functioning and/or significant disruption of normal developmental progress; or

iv) Necessity for diagnostic procedure available only in the hospital setting, e.g., special drug therapy or continuous skilled psychiatric observation.

2) In non-emergencies the minor shall be accompanied by a certification of need from a team of health care professionals

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who are independent from the SOF, which is signed by a physician and which certifies that the following regulatory elements are met:

- A) Ambulatory care resources in the community do not meet the needs of the individual;
  - B) Inpatient treatment under the direction of a physician is needed; and
  - C) The services can reasonably be expected to improve the individual's condition, or prevent further regression so that services will no longer be needed.
- 3) Inability or unwillingness of the minor's parent or guardian to provide for his or her residence or care shall not be grounds for refusing to seek appropriate less restrictive treatment alternatives.
- c) Medical clearance criteria
- Individuals who require immediate acute or intensive medical care which requires services of medical hospital emergency rooms or inpatient medical settings not available in SOFs shall be referred to a medical hospital and will not be accepted for admission to State-operated facilities until medically stable.
- d) No individual who meets the criteria set forth in subsection (a) or (b) of this Section shall be denied admission to a State-operated facility because of the existence of mental health or related services in the community unless appropriate arrangements have been made for the actual provision of such services.
- e) In determining whether an individual applying for admission to a State-operated facility meets the above criteria, the State-operated facility and PMHC shall, at minimum, consider the availability and appropriateness of the services set forth in Section 258-210(b).
- f) If it is determined that an individual is not in need of treatment, no treatment shall be provided.
- g) If it is determined that an individual is in need of treatment but does not meet the criteria set forth in subsection (a) or (b) of this Section, the applicant shall either be assisted in accessing hospitalization in a community inpatient setting or referred to and linked with appropriate community services as set forth in Section 258.360(a).

**Section 258.320 State-operated facility admission disposition**

- a) If the result of the screening is a recommendation for State-operated facility (SOF) admission, the PMHC qualified certifier shall:
  - 1) Contact the State-operated facility to inform the intake staff of the pending arrival of the individual, prior to the individual's departure for the SOF;
  - 2) Assure that the individual has a safe mode of transportation to the SOF that is appropriate to his or her condition and circumstances. Upon receipt of a petition and certificate

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Prepared pursuant to Chapter III, Article VI of the Code, the county sheriff of the county in which the individual is located shall take the individual into custody and transport to the SOF. The county sheriff may make other arrangements with a public or private entity to transport the individual to the SOF or may delegate the duties to another law enforcement body if that body agrees; and

- 3) By sealed envelope delivery, assure that the original of the uniform screening and referral form (the written recommendation for admission) and original petition and certificate(s) if completed, are available to the SOF at the time the individual arrives at the SOF.
- b) When an individual is recommended for SOF admission, an SOF physician with admitting privileges must authorize the admission.
  - 1) Adults meeting the criteria for emergency or involuntary hospitalization shall be admitted if they are seeking voluntary admission or if they are accompanied by a petition for involuntary admission, or a petition and valid first certificate, or a petition and two valid certificates.
  - 2) Individuals not meeting the criteria set forth in Section 258.310(a) or (b) may be assessed by the SOF physician as not appropriate for admission.
  - 3) If the qualified certifier recommending admission is a physician with admitting privileges at the SOF, an individual seeking voluntary admission shall be admitted to the SOF.
  - 4) When an individual is recommended for voluntary admission by a qualified certifier who does not have admitting privileges, the individual shall be admitted by the SOF admitting physician unless the individual withdraws the voluntary application for admission or unless, on examination by the SOF admitting physician, serious doubt exists that the individual meets the criteria set forth in Section 258.310.
- c) If serious doubt exists regarding the meeting of admission criteria on examination by the SOF admitting physician, the PMHC will be immediately contacted and a diligent effort will be made for a resolution of the difference of clinical opinion and for appropriate disposition.
  - 1) If after diligent effort an acceptable resolution cannot be negotiated, the PMHC and/or the SOF shall request activation of the disposition dispute resolution process as described in Section 258.320.
  - 2) While such diligent effort for resolution occurs, the individual seeking voluntary admission shall be admitted on an informal admission status in accordance with Section 3-300 of the Code.
  - d) If an individual presents directly to the SOF seeking voluntary admission the SOF shall contact the PMHC to discuss the case. If the PMHC has screened and does not recommend admission of an individual seeking voluntary admission, the SOF shall not admit the individual



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unless the individual meets the criteria set forth in Section 258.310 based on the SOF's evaluation.

- e) An individual denied admission by the PMHC or the SOF may object to a denial of admission through the utilization review process described in Section 258.530.

**Section 258.330 Court-ordered admissions**

On occasion the court may find that an individual requires examination, or detention and examination, prior to a court hearing to determine need for involuntary commitment. Courts may also hold hearings and order an individual involuntarily hospitalized at an SOF prior to the individual being admitted at the SOF. If the individual is being considered for detention for examination or for involuntary commitment at a State-operated facility, the individual shall be screened by the PMHC. The court may require an examination from another source in addition to the screening.

- a) Participating mental health centers shall assure the availability of screening services for SOF admissions, to the court or courts to which their geographic area relates.
- b) Screening services shall be available to the court prior to detention for examination at an SOF or prior to a court ordered involuntary commitment.
- c) Courts may issue orders for detention and examination at SOFs or may order involuntary commitment to SOFs prior to the occurrence of a screening by a PMHC. If this occurs, the PMHC shall conduct the screening as soon as possible after the admission, but within 24 hours, at the SOF. Results of the screening shall be made available to the SOF and the court.

**Section 258.340 Admission of individuals alleged to be subject to involuntary admission**

- a) Participating mental health centers shall have the capability and shall be available to screen all individuals alleged to be subject to involuntary admission prior to SOF admission.
- b) Individuals alleged to be subject to involuntary admissions (SIA) at an SOF shall be screened by the participating mental health center, either (and preferably) before admission to the SOF or, if that is not possible, within 24 hours after admission to the SOF.
- c) Diligent efforts must be made to develop working relationships with all entities involved in the admission process of individuals who are alleged to be SIA and to inform all entities of the availability and desirability of PMHC screening of individuals who are alleged to be SIA in order to assure treatment (but may not be limited to) the courts, officers of the courts, police agencies, community hospitals, and community mental health service providers.
- d) Involuntary admission process

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- 1) Individuals may present or be presented to the PMHC for screening for SOF admission without a completed petition or petition and first certificate and may be objecting to hospitalization. If it appears to the screeners that admission is possible, the individual being screened shall be advised of his or her rights under Section 3-208 of the Code, orally or in sign language and in writing. If the screening indicates that hospitalization is necessary, the qualified certifier shall obtain the petition from an appropriate witness and complete the first certificate prior to transportation of the individual to the State-operated facility.
- 2) Individuals may present or be presented to the PMHC for screening for SOF admission with a completed petition for involuntary hospitalization. The individual being screened shall be advised orally or in sign language and in writing, by the qualified certifier, of his or her rights under Section 3-208 of the Code. If the screening indicates that involuntary hospitalization is necessary, the qualified certifier shall complete the first certificate prior to transportation of the individual to the State-operated facility.
- 3) Individuals may present or be presented to the PMHC for screening with a completed petition and a completed first certificate. If the qualified certifier is a psychiatrist as defined by Section 1-121 of the Code, he or she shall complete the second certificate if the results of the screening so indicate and after advising the individual of his or her rights under Section 3-208 of the Code.
- 4) If an individual presents or is presented to the PMHC for screening with a petition only, and the qualified certifier determines that involuntary hospitalization is not appropriate due to the availability of appropriate alternative community treatment, the PMHC shall arrange for such alternative treatment. Arrangements shall be made for the next working day by firm referral that specifies the name of the person referred to, date, time and place or shall be made immediately if the individual requires immediate crisis intervention.
- 5) If an individual presents or is presented to the PMHC for screening with a petition and completed certificate which has not yet been filed with the circuit court, and the qualified certifier determines through the screening that involuntary hospitalization is not needed due to the availability of appropriate alternative community treatment the qualified certifier shall:
  - A) Contact the qualified examiner, physician or clinical psychologist who completed the first certificate and communicate the availability of the alternative treatment and the reasons why the alternative is viewed as appropriate;

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- B) Attempt to obtain the agreement of the qualified examiner, physician or clinical psychologist who completed the first certificate for use of the community alternative rather than hospitalization at the State-operated facility;
- C) If the qualified examiner, physician or clinical psychologist who completed the first certificate agrees, the individual shall be enrolled in the community alternative; and
- D) If the qualified examiner, physician, or clinical psychologist who completed the first certificate is unilaterally opposed to an alternative to hospitalization in a SOF, the qualified certifier shall complete the uniform screening and referral form with the recommendation for alternatives to hospitalization and shall forward it along with the individual to the State-operated facility for review by the SOF admission psychiatrist who shall examine the individual for appropriateness for completion of the second certificate.
- 6) Individuals on whom a petition or petition and first certificate have been completed may bypass the PMHC screening under certain conditions:
- A) When an individual presents such a danger that transportation to a screening site would result in significant additional risk to the individual or those who have him or her in custody and the qualified certifier cannot reasonably travel to the location of the individual; or
- B) When, after a diligent effort, a qualified certifier cannot be located to conduct the screening.
- 7) When PMHC screening is bypassed and the individual is transported to the SOF:
- A) The State-operated facility staff shall immediately inform the PMHC; and
- B) The PMHC-qualified certifier shall conduct the screening at the State-operated facility as soon as possible (but within 24 hours) in order to provide information to the SOF psychiatrist prior to the completion of the second certificate.
- 8) Whenever a screening has occurred which involves an individual who is alleged to be subject to involuntary admission (i.e., a petition and valid certificate have been completed) and the individual has been admitted to a State-operated facility, the information and recommendations of the screening shall be provided to the court to be available for any subsequent court hearing. The court may require the physical presence and testimony of the petitioner and/or qualified certifier in such hearings.
- 9) The qualified certifier shall inform the court of the

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appropriateness of the option of involuntary community treatment (alternative treatment) as described in Section 3-812 of the Code.

## Section 258.350 Court linkage

Prior to implementation of screening by a PMHC in a specific geographic area, the PMHC shall develop and implement a plan for:

- a) informing the courts (i.e., the clerk and officers of the court) and police agencies of the pending availability of the screening process that may be in conjunction with the Department;
- b) developing working relationships with the courts to facilitate the screening process; and
- c) providing assistance to the courts to assure that the courts and officers of the courts can effectively implement their responsibilities.

## Section 258.360 Linkage and continuity of care

- a) When an individual is screened by the PMHC for SOF admission and the result of the screening is a finding that admission is not appropriate, the participating mental health center shall offer appropriate services for the individual's level of clinical need and, if the individual accepts the offer, the individual shall be formally linked to the necessary services. If services are necessary but immediate contact is not clinically necessary the person shall be seen by the community provider the next working day. To determine whether immediate contact is clinically necessary, the PMHC shall consider factors which may prevent linkage including access to transportation, familiarity with location, ease with which the individual can be contacted, conflicts with existing appointments and the individual's history of following through with services. For individuals who are homeless and mentally ill, immediate contact with services is always clinically necessary. In all cases, the service provider shall diligently seek to engage the individual in the clinically necessary service. Reasons for failure to see the individual by the next working day shall be documented in the individual's file.
- b) When an individual is screened and admitted to an SOF, the PMHC shall notify the current community service provider(s) (if other than the PMHC) or that section of the PMHC that has or shall have continuing care responsibility for the individual admitted. The current community service provider or section of the PMHC that has or shall have continuing care responsibility shall contact the SOF the next working day and shall:

- 1) Participate as active members of the SOF treatment team;
- 2) Participate in the first individual master treatment plan development meeting;
- 3) Participate in other planned treatment team meetings (or special

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- treatment team meetings) as deemed necessary:
- 4) Actively participate in the ongoing treatment process through periodic face to face contact with the individual during his or her stay in the SOP;
  - 5) Participate in discharge and aftercare planning including plans related to housing as well as community mental health treatment;
  - 6) Assume that face to face treatment services commence in accordance with the discharge plan as soon as clinically appropriate, but in no case more than five days following discharge; and
  - 7) Document treatment activities in the SOP clinical record, including the plan for post discharge community services.

**Section 258.370 Confidentiality**

To insure that the individual's rights are protected and that all services provided to individuals comply with the law, participating mental health centers shall ensure that:

- a) The rights of individuals shall be protected in accordance with Chapter 2 of the Code.
- b) The right of individuals to confidentiality shall be governed by the Confidentiality Act. The Confidentiality Act provides in Section 9.2 that for the purposes of continuity of care, the Department and community agencies funded by the Department may disclose an individual's record or communications, without consent, to each other, but only for the purpose of admission, treatment planning, discharge. Entries shall not disclose any personally identifiable information, unless necessary for admission, treatment planning, or discharge of the identified individual to another setting.

**Section 258.380 Clinical records**

- a) The participating mental health center shall ensure the confidentiality of individuals' records in accordance with the Confidentiality Act and shall ensure safekeeping of all records maintained by it against loss or destruction.
- b) The PMHC shall maintain a clinical record for each individual screened which shall conform to the record keeping requirements of the Department's rules at 59 Ill. Adm. Code 132.

**Section 258.390 Service area boundaries, community service area boundaries and requirements**

- a) The Department may divide the State into districts and may change these area boundaries as appropriate and necessary for the purpose of regulating admission and transfers of individuals to State-operated facilities for the mentally ill. (Section 8 of the Act) For the purpose of this Part those districts shall be equivalent to service

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areas.

- b) Geographic divisions Under Title II of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (42 U.S.C. 6000 (1996)), the Department is required to establish planning areas for the delivery of community mental health services. These planning areas are used to plan and develop a network of services among existing providers, to identify gaps in service provision, to develop programs to fill the gaps of highest priority, and to develop a local funding base, as evidenced by the Department's rules at 59 Ill. Adm. Code 103. In the rural areas of the State, these areas are composed of several counties; in the most heavily populated urban areas, single counties are divided into multiple planning areas.
- c) For the purposes of this Part, the community service areas shall be established to integrate with the local area network of existing service providers for adults and for children and adolescents and shall be composed of planning areas as set forth in subsection (b) of this Section. When necessary the Department may make modifications of the composition of the planning areas and local area networks to reflect the demographic and community profiles of the area, including community consensus, and how the community service area will conform to other political subdivisions; for example, to provide increased integration of children and adolescent services, the geographic boundaries for a PMHC screening children and adolescents may conform to DCFS youth service areas. For rural areas of the State, the community service area will be composed of contiguous counties or portions thereof; in more densely populated urban areas, the community service areas may consist of one or more planning areas, as established in subsection (b) of this Section in a given county.
- d) The Department shall annually publish a list of community service areas indicating their geographic boundaries and their relationship to local area networks and the LANs geographic boundaries.

**Section 258.400 Responsibility for undomiciled individuals and individuals from a geographic area other than that served by the participating mental health center**

- a) Admission screening by the participating mental health center shall take place for any individual who presents or is presented for screening, without regard to whether the individual is homeless, resides outside of the State or resides outside of the PMHC's geographic area of responsibility.
- b) If an individual is without an identifiable point of residence (i.e., is homeless) and has no current identifiable service provider, the PMHC and its associated service providers shall provide community crisis intervention services or continuity of care services in the SOP to which the individual may be admitted as if the individual were living in a stable residence in the PMHC's geographic area.

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- c) If an individual who is homeless and mentally ill and has no current service provider requires services beyond crisis intervention services, the PMHC shall link the individual to a community provider based on the following:

- 1) When community mental health services will most likely be delivered based upon the individual's stated preference;
- 2) The neighborhood where the individual typically stays;
- 3) Where the individual's significant support network is located; and
- 4) The PMHC.

- d) If the individual with mental illness who is without an identifiable point of residence (i.e., homeless) has a current service provider outside of the PMHC's geographic area, the PMHC's responsibility shall be to arrange continuity of care services with that service provider as described in subsection (c) of this Section for individual's residing outside of the PMHC's community service area. In making such arrangements the PMHC shall first consider the individual's personal preferences as to the location of the provider who will provide continuity of care services.

- e) If an individual is screened who resides in a geographic area other than that of the participating mental health center, the following shall apply:

- 1) If the individual does not require SOf hospitalization but does require immediate crisis services, those services shall be provided until the individual's care can be assumed by the responsible agency from the individual's geographic area of residence;
- 2) If the individual does not require SOf hospitalization or crisis service, then he or she shall be referred and linked to the responsible service provider from the geographic area of residence;
- 3) If the individual requires SOf hospitalization, the PMHC shall proceed in accessing SOf hospitalization; or
- 4) If the individual requires services of any kind, the screening PMHC shall inform the responsible agency (and the PMHC for the responsible agency's community service area if such PMHC exists) of the disposition determination in these circumstances, within 24 hours or on the next working day of the agency to be notified, and shall confirm the disposition in writing.

**Section 258.410 Interagency linkages**

In geographic areas in which multiple mental health service providers exist, the participating mental health center shall have written linkage agreements with all Department funded providers, with the LAN steering committee (adult LAN and children and adolescents LAN), and with other service providers as necessary, to assure that a full range of alternative mental health services is available to individuals who are screened for SOf admission. Such interagency

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agreements shall specify:

- a) The nature of the services provided;
- b) The criteria for enrollment in the services;
- c) Procedures to be used by the PMHC to access the services; and
- d) A mechanism for ongoing communication and cooperation between the PMHC and the other service provider.

## SUBPART D: QUALITY ASSURANCE

**Section 258.500 Quality assurance requirements and performance indicators**

- a) The participating mental health center shall develop and implement a quality assurance plan for screening which shall include initial and continuing training requirements for all screening staff covering service delivery legal issues and consumer sensitivity. The quality assurance plan shall be approved by the Department.
- b) The Department shall monitor the quality of screening services on a periodic basis, at least annually, and shall require the development and implementation of plans of correction when quality assurance indicators indicate that established thresholds are not being met. The Department shall request data from PMHCs for the purpose of evaluation of PMHC performance as frequently as is necessary. Such data requests may be more frequent during the initial phases of implementation when interim reports are to be compiled.
- c) The quality assurance plan shall establish PMHC specific screening and deflection indicators which measure quality of care or service. Such indicators may be changed from time to time as various aspects of care or service are identified as warranting monitoring. PMHCs shall provide quality assurance reports to the Department on a periodic basis as requested by the Department.
- d) Primary and secondary consumer satisfaction shall be a required quality assurance indicator.
- e) The Department, with input from community providers, interest groups and consumers, shall establish system-wide performance indicators for participating mental health centers which shall measure the effectiveness of screening and deflection services. Performance indicators may be changed from time to time by the Department after receiving input from PMHCs. Performance indicator data shall be provided to the Department as requested.
- f) Participating mental health centers and SOFs shall maintain performance records to include the following:
  - 1) On a periodic basis, to be established by the Department, and at least annually, each participating mental health center shall provide a written report to the Department containing the following information for the preceding fiscal year:
    - A) The number of individual(s) presenting or presented for admission to a State-operated mental health facility;
    - B) The number of individual(s) recommended for admission to a



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- State-operated mental health facility;
- C) The number of individual(s) offered other mental health services and an accounting by category of the types of others services offered and provided;
  - D) The number of individual(s) denied mental health services;
  - E) The number of individual(s) recommended for admission to a State-operated mental health facility solely because community mental health services which the qualified certifier deemed appropriate for those individuals were not actually available for them;
  - F) The number of individual(s) in each of the above categories who were undomiciled at the time of their evaluation; and
  - G) The living arrangements of the individual at the time of the screening.
- 2) On a periodic basis, to be established by the Department, and at least annually, each State-operated mental health facility shall provide a written report to the Secretary containing the following information:
    - A) The number of individuals presenting to the SOP who were not screened by the PMHC;
    - B) Whether the individual was admitted to the facility;
    - C) Whether the individuals who were admitted were recommended for admission to the facility by a qualified certifier;
    - D) Regardless of whether the individual was admitted to the facility, the alternative mental health services which were considered by the facility;
    - E) If the individual was not admitted, the reason for that decision and the alternative mental health services offered or provided to the individual; and,
    - F) If no mental health services were offered or provided to the individual, the reason that no services were offered or provided.

3) The Department shall annually publish and make available to interested persons and organizations a report containing the information specified in subsections (f)(1) and (f)(2) of this Section. During the initial period of implementation, the Department may publish interim reports covering shorter time periods.

4) The Department may contract with an outside independent party to conduct an evaluation of the impact of the PMHC system on mental health services in Illinois. Such outside party shall have access to all relevant Department and PMHC data bases for the purpose of the evaluation.

**Section 258.510 Contract dispute resolution**

If there is a dispute related to the written contractual agreement between the PMHC and the State-operated facility or the Department, the authorized PMHC

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representative and the facility director or their designees shall meet to discuss their differences and reach a resolution. If after diligent effort a resolution cannot be reached or if the dispute is between the PMHC and the Department, the authorized PMHC representative and the Secretary, or their designees, shall meet to discuss their differences and reach a resolution regarding the contractual dispute.

**Section 258.520 Disposition dispute resolution process**

- a) If, after diligent effort, an acceptable resolution of a difference in clinical opinion regarding the appropriateness of SOP admission between the PMHC and the SOP cannot be negotiated pursuant to Section 258.320, the PMHC may request disposition dispute resolution. Pending the outcome of the disposition dispute resolution, the individual may elect to be admitted to the State-operated facility on an informal status as provided in Section 3-300 of the Code. The disposition dispute resolution process involves the review of the findings of the qualified certifier who recommended admission, and the findings of the SOP clinical staff who determined that the individual was not appropriate for hospitalization, by an independent third party clinician agreed upon in advance by both the PMHC and the SOP. Such independent third party clinician shall be identified, selected and jointly funded by the PMHC and the SOP, and shall be identified at the time of application for PMHC status.
- b) The decision for admission, continued admission, or discharge from informal status made by the independent third party clinician shall be accepted by the PMHC and the SOP in all but the most extreme circumstances. The decision of the third party clinician shall be issued within one working day after being called on after a thorough review of the clinical issues presented by the individual requesting admission and of the alternative forms of treatment that are actually available for the individual.
- c) In the extreme circumstance that either the PMHC or the SOP adamantly disagrees with the decision of the third party clinician, the PMHC or SOP may request a review of that decision by the Secretary or his or her designee. The decision of the Secretary shall be final.
  - 1) Such request to the Secretary or his or her designee must be submitted within two working days after the third party clinician's communication of his or her decision to the PMHC and the SOP.
  - 2) With such written request, the PMHC shall submit all relevant written documentation regarding the screening and admission recommendation and the SOP shall submit all written documentation regarding the difference in clinical opinion on the appropriateness of admission and the findings of the third party clinician.
  - 3) The Secretary or his or her designee shall review the facts as presented and render a decision within five working days after

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receipt of the request and the supporting documentation.

**Section 258.530 Utilization review hearings**

An individual denied admission to a State-operated facility may request a utilization review hearing of that decision, as permitted by Section 3-207 of the Code and the Department's rule at 59 Ill. Adm. Code 112.10. The participating mental health center shall comply with the requirements of a utilization review hearing, as required by Section 3-207 of the Code and the Department's rule at 59 Ill. Adm. Code 112.10.

**Section 258.540 Complaint investigation**

- a) PMHCs shall have a formal policy and procedure on presentation of grievances and complaints for investigation and resolution.
- b) Individuals, their significant others, or their guardians shall be permitted to present complaints regarding the process or results of a screening to the participating mental health center for investigation and resolution.
- c) On receiving a complaint, the PMHC shall investigate the allegations of the complaint and, based upon those findings, try to resolve the complaint.
- d) Participating mental health centers shall keep a file of all complaints, investigation findings and resolutions. This file shall be made available for Department inspection if requested.
- e) This Section does not intend to prohibit or in any way interfere with the ability of the individual, or his or her guardian or significant other, to lodge a complaint against a participating mental health center, with the Department or any other agency or entity. Individuals presenting complaints shall not have their rights infringed upon or interfered with because of making such complaint. If an individual or his or her guardian lodges a complaint against a PMHC with the Department, the Department shall investigate the complaint and may conduct a review as provided in Section 258.220(e). Failure to permit or participate in a review may result in a revocation of the agreement as provided in Section 258.260(a).

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- 1) **Heading of the Part:** Small Employer Carrier Actuarial Certification and Documentation Requirements
- 2) **Code Citation:** 50 Ill. Adm. Code 5101
- 3) **Section Numbers:**  
 5101.10 New Section  
 5101.20 New Section  
 5101.30 New Section  
 5101.40 New Section  
 5101.50 New Section  
 5101.60 New Section  
**ILLUSTRATION A**  
**ILLUSTRATION B**  
 New Section  
 New Section
- 4) **Statutory Authority:** Implementing and authorized by Sections 30(b) and 40 of the Small Employer Health Insurance Rating Act [215 ILCS 93/30(b) and 40].
- 5) **A. Complete Description of the Subjects and Issues Involved:** The purpose of this Part is to set standards for the filing and contents of a small employer carrier actuarial certification required pursuant to Section 30(b) of the Small Employer Health Insurance Rating Act [215 ILCS 93/30(b)]. This can be accomplished by either a certified actuary or another person that the Director of the Department deems qualified to certify. The Director may deem an individual who is not an actuary acceptable for actuarial certification, pursuant to Section 30(b) of the Act, if the small employer demonstrates through the filing of documentation and information that the individual has the appropriate experience and educational background. Such information shall be mailed to the Department and may include, but is not limited to, the following:
  - (a) educational degrees or other certifications;
  - (b) work experience; and
  - (c) references. The statement certifies that:
    - 1) The number of classes contained in the actuarial certification shall be the number in existence as of the end of the certification period. In the case of multiple classes, the certification must contain a list of the classes and a description of the substantial differences that support the establishment of each class. Refer to Section 20(a)(1), (2) and (3) of the Act [215 ILCS 93/20] as well as Company Bulletins issued by the Director of Insurance for information concerning the allowable criteria that support the establishment of each class. This must include the criteria by which groups are assigned to each class;
    - 2) That the small employer carrier's rates either were or were not in compliance with Section 25 of the Act [215 ILCS 93/25];
    - 3) If the actuary determines that the small employer carrier's rates and

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rating factors in the rating manuals did not comply with statutory requirements under subparagraph (2) of this item, the certification must include a detailed description of the instances of noncompliance, steps taken to correct or detailed plans to correct the areas of noncompliance;

- 4) If the actuary determines that the small employer carrier's actual rates did not agree with the rates provided in the rating manual(s), the certification must include a detailed description of the instances of noncompliance, steps taken to correct or detailed plans to correct the areas of noncompliance;
- 5) The annualized premium dollar amount for small employer groups in force at the end of the certification period and the annualized premium dollar amount for groups whose actual premium rates were tested to verify that the rates charged were in accordance with the rating manuals; and
- 6) A certification that the actuary completed the work in compliance with Actuarial Standards of Practice (ASOP) 23 and 26 and relevant Company Bulletins issued by the Director of Insurance.

- 6) Will this proposed rule replace an emergency rule currently in effect? No
- 7) Does this rule contain an automatic repeal date? No
- 8) Does this proposed rule contain incorporations by reference? Yes
- 9) Are there any other proposed rules pending on this Part? No

- 10) Statement of Statewide Policy Objectives: This rule will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

Chuck Feinen or Denise Hamilton  
Staff Attorney Rules Unit Supervisor  
Department of Insurance Department of Insurance  
320 West Washington 320 West Washington  
Springfield, Illinois Springfield, Illinois 62767-0001 62767-0001  
(217) 557-1396 (217) 785-8560

- 12) Initial Regulatory Flexibility Analysis:

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- A) Types of small businesses, small municipalities, and not for profit corporations affected: Small Employer Carriers

- B) Reporting, bookkeeping or other procedures required for compliance: The Small Employer Health Insurance Rating Act requires that a certification be filed with the Department annually. A certification example is simple and an example follows:

I, \_\_\_\_\_ (name) am an officer/employee of \_\_\_\_\_ (carrier name) OR am associated with the firm of \_\_\_\_\_ (employer name) and am a member of the American Academy of Actuaries and meet the Qualification Standards appropriate for this certification.

(or)

I \_\_\_\_\_ (name) am an officer/employee of \_\_\_\_\_ (carrier name) OR am associated with the firm of \_\_\_\_\_ (employer name) and am not a member of the American Academy of Actuaries. I meet the definitional standards of the "Other Individual Acceptable to the Director" and have received the Director's prior approval on \_\_\_\_\_ (date) pursuant to Section 5101.30 (50 Ill. Adm. Code 5001.30).

I am completing the small employer carrier actuarial certification for \_\_\_\_\_ (carrier name). I am familiar with the applicable statutory provisions of 215 ILCS 93 and requirements of 50 Ill. Adm. Code Part 5101 and the Company Bulletins issued by the Director of Insurance.

This certification is for the period from \_\_\_\_\_ through \_\_\_\_\_.

I relied on listings (summaries, rate manuals, etc.) of relevant data prepared by \_\_\_\_\_ (name and title of company officer responsible for preparing the underlying records). Attached is a (are) statement(s) by the indicated company officer(s) on whom I relied.

The Carrier had \_\_\_\_\_ separate class(es) of business at the end of the certification period. (If more than one, list the classes and the substantial differences which qualified each as a separate class. For each class, list the criteria by which groups are assigned to the class.)

The Carrier had small employer group annual premium volume of \$ \_\_\_\_\_ in force at the end of the certification period. I tested the rates of small employer groups whose annual premium volume totaled \$ \_\_\_\_\_ to verify that the rates actually charged were in accordance with the rating manual(s).

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Based upon my review, I find that the small employer carrier (was or was not) in compliance with Section 25 of the Small Employer Health Insurance Rating Act [215 ILCS 93/25]. (If not in compliance, include required additional paragraph, detail of instances of noncompliance and a description of the small employer carrier's plan to correct the areas of noncompliance.)

In other respects, my examination included a review of the actuarial methods in order to assure that the rating methods of the small employer carrier were actuarially sound.

Actuarial methods, considerations and analysis used in forming my opinion conform to the appropriate Actuarial Standards Board's Standards of Practice (ASOP), which form the basis of the statement of opinion.

Actuary name or the pre-approved individual's name (typewritten)

Signature

Date

Clearly most, if not all, of the information required for the actuary or other qualified person to complete the certification is already maintained by the small employer carrier. If not, the proposed rule requires a small employer carrier to maintain and have accessible at its principal place of business for a period of three years from the date of actuarial certification the following records and information:

- a) a complete and detailed description of its rating practices and renewal underwriting practices;
- b) information and documentation that demonstrates that its rating methods and practices are based upon commonly accepted actuarial assumptions and are in accordance with sound actuarial principles; and
- c) any work papers or other information and documentation prepared in support of the actuarial certification.

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas

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because it was not foreseen as being a rulemaking during the last regulatory agenda period.

The full text of the Proposed Rules begins on the next page:



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## TITLE 50: INSURANCE

## CHAPTER 1: DEPARTMENT OF INSURANCE

## SUBCHAPTER 111: SMALL EMPLOYER HEALTH INSURANCE RATING ACT

## PART 5101

## SMALL EMPLOYER CARRIER ACTUARIAL CERTIFICATION AND DOCUMENTATION REQUIREMENTS

Section	Purpose
5101.10	Applicability and Scope
5101.20	Definitions
5101.30	Pre-approval of an Individual Who is Not a Member of the American Academy of Actuaries for the purpose of filing an Actuarial Certification
5101.40	Small Employer Carrier Rating and Underwriting Record Maintenance
5101.50	Actuarial Certification and Format
5101.60	ILLUSTRATION A Statement of the Company Officer

ILLUSTRATION B  
Statement of the Company Officer

**AUTHORITY:** Implementing and authorized by Sections 30(b) and 40 of the Small Employer Health Insurance Rating Act [215 ILCS 93/30(b) and 40].

**SOURCE:** Adopted at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 5101.10 Purpose**

The purpose of this Part is to set standards for the filing and contents of a small employer carrier actuarial certification pursuant to Section 30(b) of the Small Employer Health Insurance Rating Act [215 ILCS 93/30(b)].

**Section 5101.20 Applicability and Scope**

This Part shall apply to each health benefit plan for a small employer that is delivered, issued for delivery, renewed or continued in this State after July 1, 2000 that is required to file an annual actuarial certification. For purposes of this Part, the date a plan is continued shall be the first rating period which commences after July 1, 2000.

**Section 5101.30 Definitions**

Act means the Small Employer Health Insurance Rating Act [215 ILCS 93].

Actuarial Certification means a written statement that the small

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employer carrier meets the applicable provisions of the Act and this Part by a member of the American Academy of Actuaries or other pre-approved individual acceptable to the Director.

Director means the Director of the Illinois Department of Insurance.

Health Benefit Plan or Plan means any hospital or medical expense-incurred policy, hospital or medical service plan contract, or health maintenance organization subscriber contract. Health benefit plan shall not include individual, accident-only, credit, dental, vision, Medicare supplement, hospital indemnity, long term care, specific disease, stop loss or disability income insurance, coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, or automobile medical payment insurance.

Review of Appropriate Records means a review conducted in accordance with the Actuarial Standards Board document entitled Actuarial Standards of Practice No. 23 which addresses the Data Quality issue and gives guidance on what level of review would be required in a review of appropriate records.

Small Employer means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 2 but not more than 50 employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year.

Small Employer Carrier means a carrier that offers health benefit plans covering employees of one or more small employers in this State.

**Section 5101.40 Pre-approval of an Individual Who is Not a Member of the American Academy of Actuaries for the purpose of filing an Actuarial Certification**

The Director may deem an individual who is not a member of the American Academy of Actuaries acceptable for actuarial certification, pursuant to Section 30(b) of the Act and Section 5101.60 of this Part, if the small employer demonstrates through the filing of documentation and information that the individual has the appropriate experience and educational background. Such information shall be mailed to the address provided in Section 5101.60(1) of this Part and may include, but is not limited to, the following:

- Educational degrees or other certifications;
- Work experience; and
- References.

**Section 5101.50 Small Employer Carrier Rating and Underwriting Record Maintenance**

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A small employer carrier shall maintain and have accessible at its principal place of business for a period of 3 years from the date of actuarial certification the following records and information:

- a) A complete and detailed description of its rating practices and renewal underwriting practices;
- b) Information and documentation that demonstrates that its rating methods and practices are based upon commonly accepted actuarial assumptions and are in accordance with sound actuarial principles; and
- c) Any work papers or other information and documentation prepared in support of the actuarial certification.

**Section 5101.60 Actuarial Certification and Format**

An actuarial certification filing, an example of which is set forth in Illustration A of this Part, must contain the following information:

- a) The full legal name of the small employer carrier for which the certification is being submitted;
- b) The actuary's name, title and company affiliation, if applicable, or the individual's name, title and company affiliation that has been pre-approved pursuant to Section 5101.30 of this Part;
- c) A statement as to whether the undersigned actuary is a member of the American Academy of Actuaries and meets the Qualification Standards appropriate for this certification. If not a member, the individual must indicate when he or she was pre-approved by the Director pursuant to Section 5101.30 of this Part and include a copy of the approval;
- d) The period for which the certification is being made;
- e) If appropriate, a statement indicating on whom the actuary relied for data. The actuary may rely on company personnel for data, but may not rely on another actuarial opinion. The nature and extent of reliance must be disclosed in the statement. The extent of reliance is subject to the Actuarial Standards of Practice No. 23 on Data Quality. A sample statement to be completed by the person on whom the actuary relied is shown in Illustration B of this Part;
- f) The number of classes contained in the actuarial certification shall be the number in existence as of the end of the certification period. In the case of multiple classes, the certification must contain a list of the classes and a description of the substantial differences that support the establishment of each class. Refer to Section 20(a)(1), (2) and (3) of the Act [215 ILCS 93/20] as well as Company Bulletins issued by the Director of Insurance for information concerning the allowable criteria that support the establishment of each class. This must include the criteria by which groups are assigned to each class;
- g) The actuarial certification must contain a statement that the small employer carrier's rates either were or were not in compliance with Section 25 of the Act [215 ILCS 93/25];
- h) If the actuary determines that the small employer carrier's rates and rating factors in the rating manuals did not comply with statutory

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requirements under subsection (g) of this Section, the certification must include a detailed description of the instances of noncompliance, steps taken to correct or detailed plans to correct the areas of noncompliance;

- i) If the actuary determines that the small employer carrier's actual rates did not agree with the rates provided in the rating manual(s), the certification must include a detailed description of the instances of noncompliance, steps taken to correct or detailed plans to correct the areas of noncompliance;
- j) The annualized premium dollar amount for small employer groups in force at the end of the certification period and the annualized premium dollar amount for groups whose actual premium rates were tested to verify that the rates charged were in accordance with the rating manuals;
- k) A certification that the actuary completed the work in compliance with Actuarial Standards of Practice (ASOP) 23 and 26 and relevant Company Bulletins issued by the Director of Insurance; and
- l) The actuarial certification required by this Part must be submitted to:

Illinois Department of Insurance  
Life Actuarial Section  
320 West Washington Street  
Springfield, Illinois 62767-0001

## DEPARTMENT OF INSURANCE

## NOTICE OF PROPOSED RULES

## Section 5101. ILLUSTRATION A Actuarial Certification

The following illustrates an acceptable actuarial certification:

I, \_\_\_\_\_ (name) am an officer/employee of \_\_\_\_\_ (carrier name) OR am associated with the firm of \_\_\_\_\_ (employer name) and am a member of the American Academy of Actuaries and meet the Qualification Standards appropriate for this certification.

(or)

I, \_\_\_\_\_ (name) am an officer/employee of \_\_\_\_\_ (carrier name) OR am associated with the firm of \_\_\_\_\_ (employer name) and am not a member of the American Academy of Actuaries. I meet the definitional standards of the "Other Individual Acceptable to the Director" and have received the Director's prior approval on \_\_\_\_\_ (date) pursuant to Section 5101.30 (50 Ill. Adm. Code 5001.30).

I am completing the small employer carrier actuarial certification for \_\_\_\_\_ (carrier name). I am familiar with the applicable statutory provisions of 215 ILCS 93 and requirements of 50 Ill. Adm. Code 5101 and the Company Bulletins issued by the Director of Insurance.

This certification is for the period from \_\_\_\_\_ through \_\_\_\_\_ . I relied on listings (summaries, rate manuals, etc.) of relevant data prepared by \_\_\_\_\_ (name and title of company officer responsible for preparing the underlying records). Attached is a (are) statement(s) by the indicated company officer(s) on whom I relied.

The Carrier had \_\_\_\_\_ separate class(es) of business at the end of the certification period. (If more than one, list the classes and the substantial differences which qualified each as a separate class. For each class, list the criteria by which groups are assigned to the class.)

The Carrier had small employer group annual premium volume of \$ \_\_\_\_\_ in force at the end of the certification period. I tested the rates of small employer groups whose annual premium volume totaled \$ \_\_\_\_\_ to verify that the rates actually charged were in accordance with the rating manual(s).

Based upon my review, I find that the small employer carrier \_\_\_\_\_ (was or was not) in compliance with Section 25 of the Small Employer Health Insurance Rating Act [215 ILCS 93/25]. (If not in compliance, include required additional paragraph, detail of

## DEPARTMENT OF INSURANCE

## NOTICE OF PROPOSED RULES

instances of noncompliance and a description of the small employer carrier's plan to correct the areas of noncompliance.)

In other respects, my examination included a review of the actuarial methods in order to assure that the rating methods of the small employer carrier were actuarially sound.

Actuarial methods, considerations and analysis used in forming my opinion conform to the appropriate Actuarial Standards Board's Standards of Practice (ASOP), which form the basis of the statement of opinion.

\_\_\_\_\_  
Actuary name or the pre-approved individual's name (typewritten)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## DEPARTMENT OF INSURANCE

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**Section 5101. ILLUSTRATION B Statement of the Company Officer**

The following illustrates an acceptable statement to be filed when the opening actuary or pre-approved individual has indicated reliance on data provided by company personnel:

I [name of officer], [title], of [name of carrier], hereby affirm that the listings (summaries, rate manuals, etc.) of relevant data prepared for and submitted to [name of appointed actuary] were prepared under my direction and, to the best of my knowledge and belief, are substantially accurate and complete.

\_\_\_\_\_  
Name of Officer of the Carrier (typewritten)

\_\_\_\_\_  
Signature of Officer of the Carrier

\_\_\_\_\_  
Date

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: The Taking of Wild Turkeys - Spring Season
- 2) Code Citation: 17 Ill. Adm. Code 710
- 3) Section Numbers:

710.10	Proposed Action:
710.28	Amendment
710.30	Repealed
710.50	Amendment
710.55	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1.3, 1.4, 1.20, 2.9, 2.10 and 2.11 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.20, 2.9, 2.10 and 2.11].
- 5) A Complete Description of the Subjects and Issues Involved: Amendments to this Part change season dates, open additional counties to turkey hunting, make it illegal to utilize decoys operated by electricity, eliminate the turkey check station requirement and require turkey hunters to phone in their harvest and open and close State-owned or -managed sites.
- 6) Will this rulemaking replace any emergency rulemaking currently in effect?  
No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.
- 11) Time, place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice to:  
  

Jack Price	
Department of Natural Resources	
524 S. Second Street	
Springfield IL 62701-1787	
217/782-1809	
- 12) Initial Regulatory Flexibility Analysis:
  - A) Types of small businesses, small municipalities and not for profit corporations affected: None

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NOTICE OF PROPOSED AMENDMENTS

- B) Reporting, bookkeeping or other procedures required for compliance:  
None

- C) Types of professional skills necessary for compliance: None

- 13) Regulatory Agenda on which this rulemaking was summarized: July 2000

The full text of the Proposed Amendments begins on the next page:

Section  
710.5 Hunting Zones  
710.10 Hunting Seasons  
710.20 Statewide Turkey Permit Requirements  
710.21 Turkey Permit Requirements - Special Hunts (Renumbered)  
710.22 Turkey Permit Requirements - Landowner/Tenant Permits  
710.25 Turkey Permit Requirements - Special Hunts  
710.26 Turkey Permit Requirements - Heritage Youth Turkey Hunt (Repealed)  
710.30 Turkey Hunting Regulations  
710.40 Other Regulations (Repealed)  
710.50 Regulations at Various Department Owned or Managed Sites  
710.55 Special Hunts for Disabled Hunters  
710.60 Releasing or Stocking of Turkeys

DEPARTMENT OF NATURAL RESOURCES  
NOTICE OF PROPOSED AMENDMENTSTITLE 17: CONSERVATION  
CHAPTER 1: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER e: LAW ENFORCEMENTPART 710  
THE TAKING OF WILD TURKEYS - SPRING SEASON

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 1.20, 2.9, 2.10 and 2.11 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.20, 2.9, 2.10 and 2.11].

SOURCE: Adopted at 4 Ill. Reg. 15, p. 153, effective April 1, 1980; codified at 5 Ill. Reg. 10643; amended at 6 Ill. Reg. 3852, effective March 31, 1982; amended at 7 Ill. Reg. 4208, effective March 25, 1983; amended at 8 Ill. Reg. 5663, effective April 16, 1984; amended at 9 Ill. Reg. 6200, effective April 24, 1985; amended at 10 Ill. Reg. 6848, effective April 4, 1986; amended at 11 Ill. Reg. 2267, effective January 20, 1987; amended at 12 Ill. Reg. 5342, effective March 8, 1988; amended at 13 Ill. Reg. 5090, effective April 4, 1989; amended at 14 Ill. Reg. 663, effective January 2, 1990; amended at 15 Ill. Reg. 4161, effective March 4, 1991; amended at 16 Ill. Reg. 1843, effective January 17, 1992; amended at 17 Ill. Reg. 3184, effective March 2, 1993; amended at 18 Ill. Reg. 1156, effective January 18, 1994; emergency amendment at 18 Ill. Reg. 3751, effective March 1, 1994, for a maximum of 150 days; emergency expired July 29, 1994; amended at 19 Ill. Reg. 2450, effective February 17, 1995; emergency amendment at 19 Ill. Reg. 5312, effective April 1, 1995, for a maximum of 150 days; emergency expired August 29, 1995; amended at 20 Ill. Reg. 777, effective December 29, 1995; recodified by changing the agency name from Department of Conservation to Department of Natural Resources at 20 Ill. Reg. 9389; amended at 21 Ill. Reg. 3123, effective March 3, 1997; amended at 22 Ill. Reg. 2132, effective January 2, 1998; amended at 23 Ill. Reg. 11956, effective September 21, 1999; amended at 24 Ill. Reg. 7984, effective May 24, 2000; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

Section 710.10 Hunting Seasons



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## a) Northern Zone Season Dates:

1st Season: Monday, April 16<sup>10</sup> - Friday, April 20<sup>14</sup>,  
2001<sup>2000</sup>

2nd Season: Saturday, April 21<sup>15</sup> - Thursday, April 26<sup>20</sup>,  
2001<sup>2000</sup>

3rd Season: Friday, April 27<sup>21</sup> - Friday, April May 4<sup>28</sup>,  
2001<sup>2000</sup>

4th Season: Saturday, May 5<sup>April-29</sup> - Wednesday, May 16<sup>May</sup>  
10<sup>10</sup>, 2001<sup>2000</sup>

## b) Southern Zone Season Dates:

1st Season: Monday, April 9<sup>3</sup> - Friday, April 13<sup>7</sup>,  
2001<sup>2000</sup>

2nd Season: Saturday, April 14<sup>8</sup> - Thursday, April 19<sup>13</sup>,  
2001<sup>2000</sup>

3rd Season: Friday, April 20<sup>14</sup> - Friday, April 27<sup>21</sup>,  
2001<sup>2000</sup>

4th Season: Saturday, April 28<sup>22</sup> - Wednesday, May 9<sup>3</sup>,  
2001<sup>2000</sup>

## c) Open Counties:

## NORTHERN ZONE

Adams  
 Boone  
 Brown  
 Bureau  
 Calhoun  
 Carroll  
 Cass  
 Christian  
 Clark  
 Coles  
 Cumberland  
 DeKalb  
 DeWitt  
 Edgar  
 Fulton  
 Greene  
 Grundy  
 Hancock

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Henderson  
 Henry  
 Jersey  
 Jo Daviess  
 Kankakee  
 Knox  
 LaSalle  
 Lee  
 Logan  
 Macon  
 Macoupin  
 Marshall-Putnam  
 Mason  
 McDonough  
 Menard  
 Mercer  
 Montgomery  
 Morgan  
 Ogile  
 Peoria  
 Piatt  
 Pike  
 Rock Island  
 Sangamon  
 Schuyler  
 Scott  
 Shelby  
 Stark  
 Stephenson  
 Tazewell  
 Vermilion  
 Warren  
 Whiteside  
 Winnebago  
 Woodford  
 SOUTHERN ZONE  
 Alexander  
 Bond  
 Clay  
 Clinton  
 Crawford  
 Edwards  
 Effingham  
 Fayette  
 Franklin  
 Hamilton  
 Gallatin-Hardin  
 Jackson

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Jasper  
Jefferson  
Johnson  
Lawrence  
Madison  
Marion  
Massac  
Monroe  
Perry  
Pope  
Pulaski  
Randolph  
Richard  
Salline  
St. Clair  
Union  
Wabash  
Washington  
Wayne  
White  
Williamson

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

### Section 710.28 Turkey Permit Requirements - Heritage Youth Turkey Hunt (Repealed)

- a) ~~The Heritage Youth Turkey Hunt is defined as a youth-only turkey hunt. The Heritage Turkey Hunt is open only to Illinois residents who will be at least 18 years of age but not have reached their 18th birthday by the start of the Heritage Turkey Hunt. All participating youths must have completed a Department-approved Hunter Education course. All youth hunters must have a current valid Heritage Youth Turkey Permit (\$18). For permit application and other information write to: Illinois Department of Natural Resources  
Division of Education  
Public Events & Promotions  
524-S Second Street, Room 530  
Springfield, IL 62701-1767~~
- b) ~~This program is co-sponsored by the Illinois Department of Natural Resources and the National Wild Turkey Federation (NWTF) and its member chapters.~~
- c) ~~Each applicant must complete the official Department Heritage Youth Turkey Permit application. No application will be accepted by the Department which does not have a \$18 permit fee.~~
- d) ~~The season dates and open counties will be determined annually by the Director of the Illinois Department of Natural Resources. The number~~

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- of permits issued will be in addition to the established county permit quotas. The dates of the application period for permits will be publicly announced annually by the Department.
- e) ~~The applicants must be Illinois residents and not have had their turkey hunting privileges suspended or revoked in this State.~~
- f) ~~If more than one application for an Illinois Heritage Youth Turkey Hunt permit is received from the same person, all applications submitted in that name will be rejected and permits revoked.~~
- g) ~~Successful applicants will be notified by mail when and where they should report to receive their permit. Permits shall be issued at the time of the hunt. All permit holders shall be required to attend an instructional session preceding the hunt.~~
- h) ~~Each Illinois Heritage Youth Turkey Hunt permit holder is required to be accompanied by a parent/guardian or responsible adult who possesses a valid firearm-owners identification (#0-B). Card. The accompanying adult must be present for the permit holder (youth) to hunt. The adult is not allowed to hunt but may call.~~
- i) ~~The Heritage Youth Turkey Hunting Permit will only be valid for the~~

(Source: Repealed at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

### Section 710.30 Turkey Hunting Regulations

It is unlawful:

- a) to use live or electronic turkey decoys, recorded calls, dogs, or bait (an area is considered as baited during the presence of and for 10 consecutive days following the removal of the bait);
- b) to take any wild turkey except a hen with a visible beard or a gobbler (male);
- c) to take, or attempt to take, more than three wild turkeys during the spring season, one must have a valid permit for each turkey that is taken;
- d) to use any weapon except a shotgun or bow and arrow. #4 shot is the largest and #7 1/2 is the smallest size shot that may be legally used. Archers may use a long, recurved, or compound bow with a minimum pull of 40 pounds at some point within a 28-inch draw. Minimum arrow length is 20 inches and broadheads must be used. Broadheads may have fixed or expandable blades, but they must be barbed and have a minimum 7/8 inch diameter when fully opened. Broadheads with fixed blades must be metal or flint, chert, or obsidian-tipped; broadheads with expandable blades must be metal. Any mechanical device capable of maintaining a drawn position or partially drawn position on a bow is illegal. All other bows and arrows, including electronic arrow tracking systems, are illegal;
- e) to hunt except from 1/2 hour before sunrise to noon during each day of the season;
- f) for any person having taken the legal limit of wild turkey(s) to

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further participate with a weapon in any hunting party for the purpose of taking additional wild turkeys;

- g) for any person to possess while in the field during wild turkey season any turkey permit issued to another person (permits are non-transferable);

- h) to transport or leave a wild turkey without first affixing the adhesive-backed turkey permit securely around the leg. Leg tag must be affixed to the turkey immediately upon kill and before the turkey is moved, transported or field dressed. Successful hunters must register their harvest by 2:00 P.M. on the same calendar day as the turkey was taken by calling the toll-free telephone number provided with their turkey hunting permit. Hunters must provide all information requested by the telephone check-in system, and will be provided with a confirmation number to verify that they checked in their harvest. The confirmation number must be written by the hunter onto the leg tag. The leg tag must remain attached to the leg of the turkey until it is at the legal residence of the person who legally took or possessed the turkey and the turkey has been checked in. The turkey must remain whole (or field dressed) until it has been checked in. The wild-turkey shall be taken--whole--for--field--dressed--to--the--designated--check station--for--the--county--in--which--it--was--killed--or--the--closest--check station--by--the--hunter--in--person--by--2:00-P.M.--the--same--day--it--was killed--it--will--be--checked--tagged--and--recorded--by--the--Department--at the--check--station--the--leg--tag--must--remain--attached--to--the--leg--of--the--turkey--until--it--is--at--the--legal--residence--of--the--person--who--legally took--or--possessed--the--turkey;

- i) for any person to shoot a wild turkey while it is in a tree before 7:00 a.m.;

- j) for any person to hunt wild turkeys without possessing a Wild Turkey Hunting Permit which shall include the hunter's signature recorded on the permit and carried on the person while hunting;

- k) for any person to use a turkey call that imitates sounds made by a turkey or to attempt to call a turkey by making these sounds while in the field in the Southern zone from March 15 through the day before the 1st turkey season and in the Northern zone from March 22 through the day before the 1st turkey season. This prohibition only applies in counties open to spring turkey hunting.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 710-50 Regulations at Various Department Owned or Managed Sites

- a) Hunters must sign in/sign out at all sites in subsections (b) and (c) which are followed by a (1).

- b) Statewide regulations shall apply for the following sites:

Anderson Lake Conservation Area (1)

Argyle Lake State Park (1)

Cache River State Natural Area (1)

Campbell Pond Wildlife Management Area

Carlyle Lake Wildlife Management Area

Cypress Pond State Natural Area (1)

Dog Island Wildlife Management Area (1)

Ferne Clyffe State Park - Cedar Draper Bluff Hunting Area (1)

Fort de Chartres State Historic Site (muzzleloading shotgun or archery only) (1)

Franklin Creek State Park (1)

Giant City State Park (1)

Horseshoe Lake Conservation Area - Alexander County (controlled goose hunting area and public hunting area only)

I-24 Wildlife Management Area (1)

Jubilee State Park (archery only) (1)

Kaskaskia River State Fish and Wildlife Area (except for that area lying north of Highway 154, east of the Kaskaskia River, and south of the Risdon School Road and Beck's Landing access road) (1)

Kinkaid Lake Fish and Wildlife Area (1)

Mark Twain National Wildlife Refuge, Gardner Division

Mississippi River Fish and Wildlife Area (Pools 25 and 26)

Mississippi River Pools 16, 17, 18, 21, 22, and 24

Oakford Conservation Area

Pere Marquette State Park (designated area only) (1)

Ray Norbut Fish and Wildlife Area (1)

Rend Lake Project Lands and Waters except Wayne Fitzgerald State

## DEPARTMENT OF NATURAL RESOURCES

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Park State-Fish-and-Wildlife-Area

Saline County Fish and Wildlife Area (1)  
 Sanganois Conservation Area (site issued free permit required)  
 Sielbeck Forest State Natural Area (1)  
 Trail of Tears State Forest (1)  
 Turkey Bluffs State Fish and Wildlife Area (1)  
 Union County Conservation Area - Firing Line Unit and Public Hunting Area only (1)  
 Weinberg-King State Park (1)  
 Wildcat Hollow State Forest (1)

c) Statewide regulations shall apply except that all hunting is allowed by site-specific permit only. The Department of Natural Resources allocates permits for these areas through the lottery process set forth in Section 710.20. This permit is only valid for the specific site and season indicated on the permit.

Apple River Canyon State Park - Thompson and Salem Units (1)

Beaver Dam State Park

Big Bend State Fish and Wildlife Area (1)

Big River State Forest (1)

Castle Rock State Park (1)

Chauncey-Marsh

Clinton Lake State Recreation Area (1)

Coffeen Lake State Fish and Wildlife Area

Crawford County Conservation Area

East Conant

Ferne Clyffe Hunting Area (1)

Fort Massac State Park (Youth Ages 10-15 only) (1)

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Fox Ridge State Park (1)

Green River State Wildlife Area (1)

Hamilton County Conservation Area

Harry 'Babe' Woodyard State Natural Area (1)

Hidden Springs State Forest (first 2 seasons only) (1)

Horseshoe Lake State Park (Madison County)

Hurricane Creek Habitat Area (must have Fox Ridge State Park permit) (1)

Johnson-Sauk Trail State Park (1)

Kickapoo State Park (1)

Lake Shelbyville-Corps of Engineers Managed Lands (Shelby County)

Lowden Miller State Forest (1)

Mackinaw River Fish and Wildlife Area (1)

Marcellus Fish and Wildlife Area (site is open to hunting Monday through Thursday only; hunting hours are from one-half hour before sunrise until 8:30 a.m.) (1)

Marshall Fish and Wildlife Area (1)

Mermet Lake State Fish and Wildlife Area (1)

Middlefork State Fish and Wildlife Management Area (1)

Mississippi Palisades State Park (closes after the second Sunday of the fourth season; fourth season permits will be limited to those remaining after the disabled hunt drawing) (1)

Momence Wetlands (1)

Newton Lake Fish and Wildlife Area

Panther Creek Conservation Area

Pere Marquette State Park (Piasa, Quotoga, Potawatomi Camp Areas) (no hunting allowed on weekends)

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Pyramid State Park (1)  
Ramsey Lake State Park (1)  
Randolph County Conservation Area (1)  
Red Hills State Park  
Shara Woods (1)  
Sam Dale Lake Conservation Area (1)  
Sam Parr State Park  
Sand Ridge State Forest  
Sangamon County Conservation Area  
Sangamon Conservation Area (Squirrel Timber Unit) (1)  
Sangchris Lake State Park (1)  
Sato  
Siloam Springs State Park (1)  
Site M  
Stephen A. Forbes State Park (1)  
Tapley Woods State Natural Area (1)  
Ten Mile Creek Fish and Wildlife Area  
Witkovsky State Wildlife Area (1)  
Wolf Creek State Park (first 2 seasons only) (1)

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 710.55 Special Hunts for Disabled Hunters

Statewide regulations shall apply except that all hunting is allowed by site-specific permit only. The Department of Natural Resources allocates permits for these areas through the lottery process set forth in Section 710.20, except as noted. Permits are only valid for the specific site and season indicated on the permit. Disabled hunters must possess a Class P2A

## DEPARTMENT OF NATURAL RESOURCES

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disability card in order to be eligible for the drawing. Statewide registrations shall apply; season dates shall be the 4th season; permit applications may be obtained from the appropriate Illinois Department of Natural Resources regional office; and completed applications must be returned to that office by December 1. Disabled hunters must possess a Class P2A disability card in order to be eligible for the drawing. Additional site accessibility practices will be publicly announced.

Mississippi Palisades State Park (closes after the second Sunday of the 4th season) (hunters must sign in and out)

Mermet Lake State Fish and Wildlife Area

Mississippi Palisades State Park (permits allocated through site office; closes after second Sunday of the 4th season)

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



## POLLUTION CONTROL BOARD

## NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Regulated Recharge Areas2) Code Citation: 35 Ill. Adm. Code 6173) Section Numbers:Proposed Action:

617.101 Amend

617.102 Amend

617.110 New

617.115 New

617.120 New

617.125 New

617.130 New

617.135 New

617.140 New

617.200 New

617.205 New

617.210 New

617.215 New

617.220 New

617.225 New

APPENDIX A New

APPENDIX B New

4) Statutory Authority: 415 ILCS 5/17.3, 17.4, 27, and 28.

5) A Complete Description of the Subjects and Issues Involved: This rulemaking is explained in more detail in the Board's opinion and order of August 10, 2000, in Docket R00-17, available from the address in item 11 below. The rulemaking was initiated by a proposal filed by the Illinois Environmental Protection Agency on February 14, 2000, pursuant to Sections 17.3 and 27 of the Environmental Protection Act (Act).

In summary, these proposed additions to 35 Ill. Adm. Code 617 create Illinois' first regulated recharge area under Section 17.4 of the Act to protect the drinking water supply and the well-heads for the Pleasant Valley Water District located in Peoria County, Illinois. Certain facilities, sites, units, and wells located within the boundaries of the recharge area will be regulated to better protect the public water supply. The amendments require owners or operators of new major potential pollution sources located wholly or partially within the recharge area to complete a recharge area suitability assessment. The purpose of the assessment is to assess the potential environmental impacts that a new facility would have within the area, and to assure that appropriate measures to protect against contamination are included in the facility's operation.

6) Will these proposed amendments replace an emergency amendment currently in effect? No

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7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? Yes, the federal regulations, 40 CFR 302.1 through 302.8, are incorporated by reference. See Section 617.110.

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: The proposed amendments are brought under the authority of Sections 5/17.3, 17.4, 27, and 28 of the Illinois Environmental Protection Act, which allow the Agency and a regional planning committee to petition the Board for rules enhancing local drinking water and well-head protection.

These proposed amendments, requested by the Agency and the Pleasant Valley Public Water District, do not appear to create or enlarge a state mandate as defined in Section 3(b) of the State Mandates Act. [30 ILCS 805/3 (1992)].

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: The Board will accept written public comment on this proposal for a period of 45 days after the date of this publication. Comments should reference Docket R00-17 and be addressed to:

Dorothy M. Gunn, Clerk  
Illinois Pollution Control Board  
James R. Thompson Center  
100 W. Randolph St.  
Suite 11-500  
Chicago, IL 60601

Questions may be addressed to Catherine Glenn, at 312-814-6923 or glenn@cpcb.state.il.us.

Copies of the Board's opinion and order in Docket R00-17 may be requested from Patricia Jones, at 312-814-3620, or downloaded from the Board's Web site at [www.ipcb.state.il.us](http://www.ipcb.state.il.us).

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses affected: The proposed amendments will affect those small businesses that operate within the boundaries of the Pleasant Valley regulated recharge area. Proposed Sections 617.220 and 617.225 require businesses to implement a chemical substances management system and implement a training program for a total approximate cost of \$900.

B) Reporting, bookkeeping or other procedures required for compliance:

## POLLUTION CONTROL BOARD

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Proposed Section 617.220 requires that a copy of the chemical substances management plan be available for inspection during operating hours. Proposed Section 617.225 requires that a copy of the certificate of completion of a chemical substances management training program be posted at the place of business and be provided to the Pleasant Valley Public Water District.

- C) Types of professional skills necessary for compliance: No professional skills beyond those currently required by the rules will be required, but pollution sources may need the services of a consulting engineer or other environmental professional.

- 13) Regulatory agenda on which this rulemaking was summarized: July 2000

The full text of the Proposed Amendments begins on the next page:

## POLLUTION CONTROL BOARD

## NOTICE OF PROPOSED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION  
SUBTITLE F: PUBLIC WATER SUPPLIES  
CHAPTER I: POLLUTION CONTROL BOARD

## PART 617

## REGULATED RECHARGE AREAS

## SUBPART A: GENERAL

Section	Purpose
617.101	Definitions
617.102	Incorporation by Reference
617.110	Scope
617.115	Prohibitions
617.120	Recharge Area Suitability Assessment
617.125	Technology Control Regulations
617.130	Abandoned and Improperly Plugged Well Assistance Program
617.135	Recharge Area Road Sign Posting
617.140	

## SUBPART B: PLEASANT VALLEY PUBLIC WATER DISTRICT REGULATED RECHARGE AREA

Section	Purpose
617.200	Applicability
617.205	Registration of Potential Sources and Routes of Groundwater Contamination
617.210	Recharge Area Registration Meeting
617.215	Management Systems for Potential Sources
617.220	Training Program for Potential Tertiary Sources
617.225	

APPENDIX A	Boundary of the Pleasant Valley Public Water District Regulated Recharge Area
APPENDIX B	Potential Route and Source Registration Form

AUTHORITY: Implementing Section 17.4 and authorized by Section 27 of the Environmental Protection Act (415 ILCS 5/17.4 and 27).

SOURCE: Adopted in R89-5 at 16 Ill. Reg. 1639, effective January 10, 1992; amended in R96-18 at 21 Ill. Reg. 6569, effective May 8, 1997; amended in R00-17 at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL

## Section 617.101 Purpose

This Part establishes the general requirements and standards for ~~sets-out~~ regulated recharge areas as delineated and adopted by the Illinois Pollution

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Control Board pursuant to Section 17.4 of the Illinois Environmental Protection Act (Act) [415 ILCS 5/17.4].

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 617.102 Definitions**

Unless a different meaning of a word or term is clear from the context, the definitions of words or terms in this Part shall be the same as those used in 35 Ill. Adm. Code 615.102, 35 Ill. Adm. Code 616.102, the Act, or the Illinois Groundwater Protection Act [415 ILCS 95/1].

"Agency" means the Illinois Environmental Protection Agency.

"Agricultural facility" means a site used for commercial purposes, where bulk pesticides are stored in a single container in excess of 300 gallons of liquid pesticide or 300 pounds of dry pesticide for more than 30 days per year or where more than 300 gallons of liquid pesticide or 300 pounds of dry pesticide are being mixed, repackaged or transferred from one container to another within a 30 day period or a site where bulk fertilizers are stored, mixed, repackaged or transferred from one container to another [415 ILCS 5/3.77].

"Board" means the Illinois Pollution Control Board.

"Chemical substance" means any "extremely hazardous substance" listed in Appendix A of 40 CFR Part 355 that is present at a facility in an amount in excess of its threshold planning quantity, and any "hazardous substance" listed in 40 CFR Section 302.4 that is present at a facility in an amount in excess of its reportable quantity or in excess of its threshold planning quantity if it is also an "extremely hazardous substance", and any petroleum including crude oil or any fraction thereof that is present at a facility in an amount exceeding 100 pounds unless it is specifically listed as a "hazardous substance" or an "extremely hazardous substance". "Chemical substance" does not mean any substance to the extent it is used for personal, family, or household purposes or to the extent it is present in the same form as a product packaged for distribution to and use by the general public [430 ILCS 45/3].

"Class V Injection Well" means injection wells not included in Class I, II, III, or IV. Class V wells include:

air conditioning return flow wells used to return to the supply aquifer the water used for heating or cooling in a heat pump; cesspools, including multiple dwelling, community or regional

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cesspools, or other devices that receive wastes, which have an open bottom and sometimes have perforated sides. The Underground Injection Control (UIC) requirements do not apply to single family residential cesspools nor to non-residential cesspools that receive solely sanitary wastes and have the capacity to serve fewer than 20 persons a day.

cooling water return flow wells used to inject water previously used for cooling;

drainage wells used to drain surface fluid, primarily storm runoff, into a subsurface formation;

dry wells used for the injection of wastes into a subsurface formation;

recharge wells used to replenish the water in an aquifer;

salt water intrusion barrier wells used to inject water into a fresh water aquifer to prevent the intrusion of salt water into the fresh water;

sand backfill and other backfill wells used to inject a mixture of water and sand, mill tailings, or other solids into mined out portions of subsurface mines whether or not what is injected is a radioactive waste;

septic system wells used to inject the waste or effluent from a multiple dwelling, business establishment, community, or regional business establishment septic tank. The UIC requirements do not apply to single family residential septic system wells that are used solely for the disposal of sanitary waste and have the capacity to serve fewer than 20 persons a day.

subsurface control wells (not used for the purpose of oil or natural gas production) used to inject fluids into a non-oil or gas producing zone to reduce or eliminate subsidence associated with the overdraft of fresh water;

radioactive waste disposal wells other than Class IV;

injection wells associated with the recovery of geothermal energy for heating, aquaculture, and production of electric power;

wells used for solution mining of conventional mines such as stopes leaching;

wells used to inject spent brine into the same formation from

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which it was withdrawn after extraction of halogens or their salts;

injection wells used in experimental technologies; and

injection wells used for in-situ recovery of lignite, coal, tar sands, and oil shale [40 CFR 146.5].

"Container" means any portable device (including, but not limited to, 55-gallon drums) in which material is stored, treated, disposed of or otherwise handled. The term "container" does not include a vehicle used to transport material.

"Existing Potential Tertiary Source of Groundwater Contamination" means a potential tertiary source of groundwater contamination that is not new.

"Facility" means the buildings and all real property contiguous thereto, and the equipment at a single location used for the conduct of business [30 ILCS 45/3].

"Generator (RCRA)" means any person, by site location, whose act or process produces "hazardous waste" identified or listed in 35 Ill. Adm. Code 721 (see 35 Ill. Adm. Code 702.110 and 35 Ill. Adm. Code 730.103).

"Household waste" means any waste material (including garbage, and trash) derived from households (including single and multiple residences, hotels, and motels, bunkhouses, ranger stations, crew quarters, campgrounds, picnic grounds, and day-use recreation areas).

"IEMA" means the Illinois Emergency Management Agency.

"Low Level radioactive waste" or "waste" means radioactive waste not classified as high-level radioactive waste, transuranic waste, spent nuclear fuel or byproduct material as defined in Section 11e(2) of the Atomic Energy Act of 1954 (42 USC 2014) [420 ILCS 20/3].

"Major Potential Source" means any unit at a facility or site not currently subject to a removal or remedial action that stores, accumulates, landfills, or land treats waste, other than household waste, that could cause contamination of groundwater and is generated on the site.

"Municipal solid waste landfill unit" or "MSWLF Unit" means a contiguous area of land or an excavation that receives household waste, and is not a land application unit, surface impoundment, injection well, or any pile of noncontainerized accumulations of

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solid, nonflowing waste that is used for treatment or storage. A MSWLF unit may also receive other types of RCRA Subtitle D wastes, such as commercial solid waste, nonhazardous sludge, small quantity generator waste and industrial solid waste. Such a landfill may be publicly or privately owned. A MSWLF unit may be a new MSWLF unit, an existing MSWLF unit, or a lateral expansion. A sanitary landfill is subject to regulation as a MSWLF unit if it receives household waste [415 ILCS 5/3.85].

"New Major Potential Source" means:

a major potential source which is not in existence or for which construction has not commenced at its location as of the effective date of this Subpart; or

a major potential source which expands laterally beyond the currently permitted boundary or, if the potential source is not permitted, the boundary in existence as of the effective date of this Subpart; or

a major potential source which is part of a facility that undergoes major reconstruction. Such reconstruction shall be deemed to have taken place where the fixed capital cost of the new components, constructed within a 2-year period, exceed 50% of the fixed capital cost of a comparable entirely new facility as of the effective date of this Subpart.

"New Potential Primary Source" means:

a potential primary source which is not in existence or for which construction has not commenced at its location as of January 1, 1988; or

a potential primary source which expands laterally beyond the currently permitted boundary or, if the primary source is not permitted, the boundary in existence as of January 1, 1988; or

a potential primary source which is part of a facility that undergoes major reconstruction. Such reconstruction shall be deemed to have taken place where the fixed capital cost of the new components constructed within a 2-year period exceed 50% of the fixed capital cost of a comparable entirely new facility [415 ILCS 5/3.59].

"Potential Route" means:

a potential route which is not in existence or for which construction has not commenced at its location as of January 1,

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1988, or

a potential route which expands laterally beyond the currently permitted boundary or, if the potential route is not permitted, the boundary in existence as of January 1, 1988 [415 ILCS 5/3.58].

"New Potential Secondary Source" means:

a potential secondary source which is not in existence or for which construction has not commenced at its location as of July 1, 1988; or

a potential secondary source which expands laterally beyond the currently permitted boundary or, if the secondary source is not permitted, the boundary in existence as of July 1, 1988, other than an expansion for handling of livestock waste or for treating domestic wastewaters;

a potential secondary source which is part of a facility that undergoes major reconstruction. Such reconstruction shall be deemed to have taken place where the fixed capital cost of the new components constructed within a 2-year period exceed 50% of the fixed capital cost of a comparable entirely new facility [415 ILCS 5/3.60]; or

A new potential secondary source excludes an agricultural facility that modifies on-site storage capacity such that the volume of the pesticide storage does not exceed 12% of the available capacity in existence on April 1, 1990, or the volume of fertilizer storage does not exceed 150% of the available capacity in existence on April 1, 1990; provided that a written endorsement for an agricultural facility permit is in effect under Assistance 39.4 of [the] Act and the maximum feasible setback is maintained. This on-site storage capacity includes mini-bulk pesticides, package agricultural storage areas, liquid or dry fertilizers, and liquid or dry pesticides [415 ILCS 5/14.2(g)(4)].

"New Potential Tertiary Source of Groundwater Contamination" means:

a Potential Tertiary Source, that is not in existence or for which construction has not commenced at its location as of the effective date of this Subpart; or a Potential Tertiary Source that expands laterally beyond the currently permitted boundary or, if the tertiary source is not permitted, the boundary in existence as of the effective date of this Subpart; or

a Potential Tertiary Source that is part of a facility that undergoes major reconstruction after the effective date of this

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Subpart. Such reconstruction shall be deemed to have taken place where the fixed capital cost of the new components, constructed within a 2-year period, exceed 50% of the fixed capital cost of a comparable entirely new facility.

"Potential Primary Source" means any unit at a facility or site not currently subject to a removal or remedial action which:

is utilized for the treatment, storage, or disposal of any hazardous or special waste not generated at the site, or

is utilized for the disposal of municipal waste not generated at the site, other than landscape waste and construction and demolition debris; or

is utilized for the landfilling, land treating, surface impounding or piling of any hazardous or special waste that is generated on the site or at other sites owned, controlled or operated by the same person; or

stores or accumulates at any time more than 75,000 pounds above ground, or more than 7,500 pounds below ground, of any hazardous substances [415 ILCS 5/3.58].

"Potential route" means abandoned and improperly plugged wells of all kinds, drainage wells, all injection wells, including closed loop heat pump wells, and any excavation for the discovery, development or production of stone, sand or gravel [415 ILCS 5/3.58].

"Potential secondary source" means any unit at a facility or a site not currently subject to a removal or remedial action, other than a potential primary source, which:

is utilized for the landfilling, land treating, or surface impounding of waste that is generated on the site or at other sites owned, controlled or operated by the same person; other than livestock and landscape waste, and construction and demolition debris; or stores or accumulates at any time more than 25,000 but not more than 75,000 pounds above ground, or more than 7,500 but not more than 7,500 pounds below ground, of any hazardous substances; or

stores or accumulates at any time more than 25,000 gallons above ground, or more than 500 gallons below ground, of petroleum, including crude oil or any fraction thereof which is not otherwise specifically listed or designated as a hazardous substance; or stores or accumulates pesticides, fertilizers, or road oils for purposes of commercial application or for



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distribution to retail sales outlets; or

stores or accumulates at any time more than 50,000 pounds of any de-icing agent; or

is utilized for handling livestock waste or for treating domestic wastewaters other than private sewage disposal systems as defined in the Private Sewage Disposal Licensing Act) [415 ILCS 5/3.60].

"Potential Tertiary Source of Groundwater Contamination" means any unit at a facility or site not currently subject to a removal or remedial action that stores or accumulates any chemical substance during any calendar year and that is not a potential primary or secondary source of groundwater contamination.

"Regulated recharge area" means a compact geographic area, as determined by the Board, the geology of which renders a potable resource groundwater particularly susceptible to contamination [415 ILCS 5/3.67].

"setback zone" means a geographic area, designated pursuant to [the] Act, containing a potable water supply well or a potential source or potential route, having a continuous boundary, and within which certain prohibitions or regulations are applicable in order to protect groundwaters [415 ILCS 5/3.61].

"Sinkhole" means any natural depression formed as a result of subsurface removal of soil or rock materials and causing the formation of a collapse feature that exhibits internal drainage. The existence of a sinkhole shall be indicated by the uppermost closed depression contour lines on the United States Geological Survey 7.5 minute topographic quadrangle maps or as determined by field investigation.

"site" means any location, place, tract of land, and facilities, including but not limited to buildings, and improvements used for purposes subject to regulation or control by [the] Act or regulations thereunder [415 ILCS 5/3.43].

"unit" means any device, mechanism, equipment, or area (exclusive of land utilized only for agricultural production). This term includes secondary containment structures and their contents at agricultural facilities [415 ILCS 5/3.62].

"Unit boundary" means a line at the land's surface circumscribing the area on which, above or below which waste, pesticides, fertilizers, road oils or de-icing agents will be placed during the active life of the facility. The space taken up by any liner, dike or other barrier designed to contain waste, pesticides, fertilizers, road

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oils or de-icing agents falls within the unit boundary.

"Waste" means any garbage, sludge from a waste treatment plant, water supply treatment plant, or air pollution control facility or other discarded material, including solid, liquid, semi-solid, or contained gaseous material, resulting from industrial, commercial, mining and agricultural operations, and from community activities, but does not include solid or dissolved material in domestic sewage, or solid or dissolved material in irrigation return flows, or coal combustion by-products as defined in Section 3-94 [of the Act], or in industrial discharges which are point sources subject to permits under section 402 of the Federal Water Pollution Control Act, as now or hereafter amended, or source, special nuclear, or by-product materials as defined by the Atomic Energy Act of 1954 as amended [68 stat. 921](42 U.S.C. 2011 et seq.) or any solid or dissolved material from any facility subject to the Federal Surface Mining Control and Reclamation Act of 1977 (P.L. 95-87) or the rules and regulations thereunder or any law or rule or regulation adopted by the State of Illinois pursuant thereto [415 ILCS 5/3.53].

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 617.110 Incorporation by Reference

a) The Board incorporates the following federal regulations by reference:

40 CFR 302.1 through 302.8.

b) This Part incorporates no later amendments or editions.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 617.115 Scope

This Part establishes regulated recharge areas and provisions governing specific activities in those areas delineated by the Board.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 617.120 Prohibitions

a) The following new facilities, sites, units, or potential routes must

- 1) be located within a delineated regulated recharge area;
- 2) low level radioactive waste sites;
- 3) class V injection wells;

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- 3) municipal solid waste landfills; or
  - 4) special or hazardous waste landfills.
- b) For the purpose of subsection (a), "new" means the following:
- 1) a facility, site, or unit that is not in existence or for which construction has not commenced at its location as of the effective date of this Subpart;
  - 2) a facility, site, or unit that expands laterally beyond the currently permitted boundary or, if the potential primary source is not permitted, the boundary in existence as of the effective date of this Subpart;
  - 3) a unit or site that is part of a facility that undergoes major reconstruction, which shall be deemed to have taken place where the fixed capital cost of the new components, constructed within a 2-year period, exceed 50% of the fixed capital cost of a comparable entirely new facility as of the effective date of this Subpart; or
  - 4) a Class V injection well that is not in existence or for which construction has not commenced at its location as of the effective date of this Subpart.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.)

### Section 617.125 Recharge Area Suitability Assessment

The purpose of the recharge area suitability assessment process is to assess potential environmental impacts that a new facility would have within a regulated recharge area, and to assure that appropriate measures to protect against possible contamination will be included in the operation of the facility.

- a) The owners or operators of new major potential sources located wholly or partially within a delineated regulated recharge area may not commence construction without first filing a recharge area suitability assessment with the Agency, except for livestock operations that meet the criteria set forth in 35 Ill. Adm. Code 501.404(e) or except as provided in subsection (b) of this Section.
- b) For any livestock waste handling facility subject to the Livestock Management Facilities Act, the requirement in subsection (a) of this Section for filing a recharge area suitability assessment is only applicable to such facility after filing a notice of intent, or a complete registration if the facility is designed to handle the waste from a 300 animal unit or larger operation, and:
  - 1) a public informational meeting pursuant to Section 12 of the Livestock Management Facilities Act is not requested; or
  - 2) the provisions for a public informational meeting are not applicable to such facility.
- c) A recharge area suitability assessment must include, at a minimum, the following:

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- 1) a legal description of the site and location maps including:
    - a) a topographic map of the site drawn to scale of 200 feet to the inch or larger with a contour interval of less than 50 feet;
    - b) an area map that shows the approximate distance of the unit at a facility or site from the nearest potable water supply well or sinkhole, and
    - c) an area map that identifies all land uses within 1 mile of the site.
  - 2) soil survey data for the site;
  - 3) an explanation of the proposed operation and any protection controls or measures;
  - 4) a description of any management systems that will be utilized to prevent environmental contamination; and
  - 5) an analysis of the potential environmental impacts that could occur due to the operation of the facility and any mitigating measures that will be implemented.
- d) Within 7 days after filing the suitability assessment, the owner or operator must:
- 1) notify all adjacent property owners of the filing; and
  - 2) publish a public notice regarding the filing of the assessment in a newspaper whose circulation covers the affected area.
- e) Within 45 days after the filing of an assessment, any persons may:
- 1) request copies of the assessment from the Agency; and
  - 2) may request that a public hearing be held at a location in the vicinity of the proposed facility.
- f) The Agency must hold the public hearing in a timely manner, but no more than 45 days after receipt of the written response pursuant to subsection (e)(2) of this Section.
- g) The Agency must provide 21 days public notice prior to a public hearing.
- h) Within 90 days after the filing of an assessment or within 120 days after a hearing, the Agency must issue a written statement with one of the following determinations:
- 1) the assessment demonstrates the potential environmental impacts that a facility would have within the recharge area and includes the appropriate measures to protect against possible contamination;
  - 2) the assessment does not demonstrate the potential environmental impacts that a facility would have within the recharge area and does not include the appropriate measures to protect against possible contamination; or
  - 3) the assessment must be modified to address any impacts that the facility will have on the groundwater within the area.
- i) The owner or operator of the facility may, within thirty days, respond to a statement issued by the Agency pursuant to subsection (h)(2) or (h)(3) of this Section.
- j) Not later than thirty days after receipt of a response from the owner

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or operator of the facility, the Agency must issue a final statement regarding the assessment pursuant to subsection (1) of this Section. If no response is received by the Agency within the thirty day period, no further action is necessary and the statement stands as initially issued.

k) Operation of the facility may only commence after the owner or operator receives the Agency's statement finding the assessment complies with subsection (b)(1) of this Section, or the owner or operator prevails on appeal brought under Section 617.125(1), whichever is later.

l) The applicant may appeal the Agency's final statement to the Board by filing a petition on or before the thirty-fifth day after the issuance of the statement. The petition must be filed, and the proceedings conducted, pursuant to the procedures set forth in 35 Ill. Adm. Code 105.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 617.130 Technology Control Regulations**

The standards and requirements of 35 Ill. Adm. Code 615, 35 Ill. Adm. Code 616, 8 Ill. Adm. Code 257, or 77 Ill. Adm. Code 830 apply to the following existing and new activities when those activities are located wholly or partially within 2,500 feet of the wellheads and are located or take place within a regulated recharge area:

- a) landfilling, land treating, surface impounding or piling of special waste and other wastes that could cause contamination of groundwater and that are generated on the site, other than hazardous waste and construction and demolition debris;
- b) storage of special waste in an underground storage tank to which federal regulatory requirements for the protection of groundwater are not applicable;
- c) storage and related handling of pesticides and fertilizers at a facility for the purpose of commercial application;
- d) storage and related handling of road oils and de-icing agents at a central location; and
- e) storage and related handling of pesticides and fertilizers at a central location for the purpose of distribution to retail sales outlets.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 617.135 Abandoned and Improperly Plugged Well Assistance Program**

The Department of Public Health and Department of Natural Resources may develop an assistance program for abandoned and improperly plugged water supply wells

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as follows:

a) The Department of Natural Resources and Department of Public Health must develop educational materials on the requirements for properly plugging abandoned water supply wells within a regulated recharge area.

b) The Department of Natural Resources and the Department of Public Health must work within a School District to develop, and implement an educational program utilizing the materials developed under subsection (a) of this Section on the requirements for properly plugging abandoned water supply wells within or within the service area of the water supply within a regulated recharge area.

c) The associated water supply with a regulated recharge area will distribute the educational materials developed under subsection (a) of this Section to the water users within the service area.

d) The Department of Natural Resources must work with a school district in the service area associated with a regulated recharge area to develop and implement groundwater protection information on the proper plugging requirements of abandoned water supply wells.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 617.140 Recharge Area Road Sign Posting**

Road signs will be posted at the entrance to and exit from a regulated recharge area after the effective date of this Subpart, as follows:

- a) The Agency must work with the Illinois Department of Transportation to demarcate any state or interstate road or highway at the perimeter of a regulated recharge area; and
- b) The public water supply must demarcate where any major road other than a state or interstate road or highway enters or exits a regulated recharge area.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**SUBPART B: PEASANT VALLEY PUBLIC WATER DISTRICT  
REGULATED RECHARGE AREA**

**Section 617.200 Purpose**

This subpart establishes requirements and standards for the protection of the Pleasant Valley Public Water District for certain types of existing or new facilities, sites or units located wholly or partially within the regulated recharge area boundary delineated in 35 Ill. Adm. Code 617.Appendix A.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 617.205 Applicability**

- a) This Subpart applies to the following facilities, sites, units or wells located partially or wholly within the Pleasant Valley Public Water District's recharge area boundary:
- 1) Those activities not regulated by 35 Ill. Adm. Code 615 or 35 Ill. Adm. Code 616;
  - 2) Class V wells and abandoned and improperly plugged wells of any type;
  - 3) existing and new potential primary sources of groundwater contamination, existing and new potential secondary sources of groundwater contamination, existing and new potential tertiary sources of groundwater contamination, and existing and new potential routes of groundwater contamination; and
  - b) nothing in this Subpart impacts the application of State or Federal laws or regulations (35 Ill. Adm. Code 615, 35 Ill. Adm. Code 616, Sections 106 and 107 of the Comprehensive Environmental Response, Compensation and Liability Act (42 U.S.C. 9601, et seq.); Sections 3004 and 3008 of the Resource Conservation and Recovery Act (42 U.S.C. 6901, et seq.); Sections 41(q), 41(v), 12(g), 21(d), 22.2(f), 22.2(m) and 22.18 of the Act; 35 Ill. Adm. Code 724, 725, 730, 731, 733, 740, 742, 750, 811 and 814) to activities addressed in those Parts that occur within the boundaries of the regulated recharge area set out in 35 Ill. Adm. Code 617-Appendix A.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.)

**Section 617.210 Registration of Potential Sources and Routes of Groundwater Contamination**

The owner or operator of potential sources or routes of groundwater contamination, located wholly or partially within the Pleasant Valley Public Water District's regulated recharge area detailed in Appendix B, must register the location with the Agency using forms provided in Appendix B as follows:

- a) No later than 30 days prior to commencement of construction for new potential routes, primary, secondary or tertiary sources of groundwater contamination; or
- b) No later than 90 days after the registration meeting described in Section 617.215 of this Subpart.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.)

**Section 617.215 Recharge Area Registration Meeting**

The Agency must hold an information and registration meeting for the owners or operators of potential sources and routes of groundwater contamination that are

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located within the boundaries of the regulated recharge area.

- a) Within 30 days after the effective date of Subpart B of this Part, the Agency, with the cooperation of the Pleasant Valley Water District, must conduct a door-to-door canvass to notify the owners or operators of all known potentially impacted facilities of the date, time, and place of the informational and registration meeting;
- b) At the meeting, the Agency will provide:
  - 1) information concerning the applicability of this Subpart;
  - 2) an explanation of and information concerning any other related regulations; and
  - 3) an opportunity for the owner or operator to register the facility.
- c) The Agency will sponsor the meeting within 90 days after the effective date of this Subpart at a location within the Pleasant Valley Public Water District.
- d) The Agency must provide copies of each registration to the Pleasant Valley Public Water District.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.)

**Section 617.220 Management Systems for Potential Sources**

- a) The owner or operator of any potential tertiary source of groundwater contamination, located wholly or partially within the regulated recharge area, must develop and implement a chemical substances management system, that, at a minimum, must include the following:
  - 1) a brief description of the manner in which the on-site chemical substances are stored and used;
  - 2) a potential release assessment and the response procedures to be followed by the facility for notifying local emergency response agencies;
  - 3) management measures that are employed to reduce the potential for releases; and
  - 4) suitable training as provided by the Agency pursuant to Section 617.225 of this Subpart.

- b) The owner or operator of an existing potential tertiary source of groundwater contamination, located wholly or partially within the regulated recharge area must:
  - 1) Within 90 days of the effective date of this Subpart register for the training required under Section 617.225; and
  - 2) Within 120 days of the effective date of this Subpart attend an Agency sponsored training program required under Section 617.225 before the development of the required chemical substances management plan (CSMP).
- c) The owner or operator of an existing potential tertiary source of groundwater contamination, located wholly or partially within the regulated recharge area, must within 180 days after the training



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required pursuant to Section 617.225 develop a CSMP and make it available on-site.

d) The chemical substances management system for a new potential tertiary source must also include secondary containment. Chemical substance storage areas regulated under this subpart must have a constructed or pre-fabricated containment system that is operated as follows:

1) When not protected from receiving precipitation, the constructed or pre-fabricated containment system must have:

- A) a minimum containment volume of a 6-inch rain storm (a 25 year, 24 hour rain);
- B) the capacity of the largest container or tank; and
- C) the volume displaced by the bases of the other tanks located within the secondary containment structure.

2) Pre-protected from receiving precipitation, the constructed or pre-fabricated containment system must have a minimum containment volume of 100 percent of the capacity of the largest container or tank, plus the volume displaced by the bases of the other containers or tanks.

3) The owner or operator must prevent run-on into the pre-fabricated or constructed secondary containment system, unless the collection system has sufficient excess capacity in addition to that required in subsection (b)(1) of this Section to contain any run-on, which might enter the constructed or pre-fabricated containment system.

4) The owner or operator must remove spilled or leaked material and accumulated precipitation from the sump or collection area in a timely manner to prevent overflow of the collection system.

e) The owner or operator of a new potential tertiary source of groundwater contamination, located wholly or partially within the regulated recharge area must:

- 1) register for the training required under Section 617.225 30 days before construction has commenced; and
- 2) attend an Agency sponsored training program required under Section 617.225 within 60 days of registration.

f) The owner or operator of a potential primary or secondary source must review the facility's chemical management practices and take any necessary actions to ensure protection equivalent to subsection (a) or (b) of this Section.

g) The owner or operator of a potential tertiary source must do the following, unless an equivalent CSMP has been prepared and filed:

- 1) maintain a CSMP at the facility at all times;
- 2) review the CSMP annually;
- 3) clearly identify changes in the CSMP;
- 4) provide a copy of the Initial Plan to the appropriate local fire department and police response agency; and
- 5) make the CSMP available for inspection by the public during normal operating hours.

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(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## Section 617.225 Training Program for Potential Tertiary Sources

a) A chemical substance management training program (as required in Section 617.220(a)) must be conducted by the Agency as follows:

1) The training program must cover, at a minimum, the following topics:

- A) an overview of the sensitivity of community water supply recharge areas and groundwater protection;
- B) improperly abandoned wells;
- C) the procedure for developing a chemical substance management system;
- D) cost effective containment systems;
- E) small business technical assistance opportunities; and
- F) pollution prevention alternatives appropriate for the type of business.

2) The chemical substances management system training program will be offered at least once, and may be offered more frequently, depending upon demand. The Agency or its designee must publish advance notice of the time, date, and location for each training program.

3) An individual must enroll with the Agency prior to the date for the next scheduled training program.

4) The Agency must provide the owner or operator of a potential tertiary source that participates in the chemical substances management training program with a certificate of completion.

b) The owner or operator of a potential tertiary source who receives a certificate of completion of a chemical substances management training program must post the certificate of completion at his place of business, and must provide a copy of such certificate to the Pleasant Valley Public Water District within 10 days after receipt of the certificate from the Agency.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)





POLLUTION CONTROL BOARD  
NOTICE OF PROPOSED AMENDMENTS

Section 617. APPENDIX B Potential Route and Source Registration Form

PLEASANT VALLEY PUBLIC WATER DISTRICT POTENTIAL  
SOURCE AND ROUTE REGISTRATION FORM

DATE: \_\_\_\_\_  
COMPANY/FACILITY NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_  
COMPANY/FACILITY CONTACT NAME: \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_  
EMERGENCY CONTACT NAME: \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_  
PROPERTY OWNER'S NAME: \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_  
PROPERTY OWNER'S ADDRESS: \_\_\_\_\_

BRIEF DESCRIPTION OF BUSINESS ACTIVITIES AND PROCESSES:

BRIEF DESCRIPTION OF SPECIFIC CHEMICAL SUBSTANCES USED:

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

POLLUTION CONTROL BOARD  
NOTICE OF PROPOSED AMENDMENTS

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED RULES

1) Heading of the Part: Mail Order Contact Lens Act

2) Code Citation: 68 Ill. Adm. Code 1215

3) Section Numbers: Proposed Action:

1215.10 New Section

1215.20 New Section

1215.30 New Section

1215.40 New Section

1215.50 New Section

1215.60 New Section

1215.70 New Section

4) Statutory Authority: Mail Order Contact Lens Act [225 ILCS 83]

5) A Complete Description of the Subjects and Issues Involved: Public Act 91-421, effective January 1, 2000, provides for the registration of mail order optometric providers located outside of Illinois providing contact lenses to Illinois residents by the Department of Professional Regulation. When adopted, these rules will allow the Department to begin accepting and processing registration applications.

Section 1215.20 sets forth the requirements for applicants to register. The rules also set forth procedures on record retention, for renewal of a registration and under what circumstances the Director of the Department may grant variances to these rules. Acts constituting violations of the Act have been set forth in Section 1215.60.

Fees for registration and renewal as well as general processing fees are set forth in Section 1215.30.

6) Do these proposed Rules replace an emergency Rulemaking currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed Rules contain incorporations by reference? No

9) Are there any other proposed Rules pending on this Part? No

10) Statement of Statewide Policy Objectives (if applicable): This rulemaking has no effect on local governments.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit all written comments to:

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED RULES

Department of Professional Regulation  
Attention: Jean A. Courtney  
320 West Washington, 3rd Floor  
Springfield, IL 62786  
217/785-0813 Fax #: 217/782-7645

All written comments received within 45 days after this issue of the *Illinois Register* will be considered.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Mail order optometric providers located outside Illinois providing contact lenses to Illinois residents.

B) Reporting, bookkeeping or other procedures required for compliance: Every mail order optometric provider license issued under the Act shall expire on March 31. The first license renewal period will be March 31, 2002. Licensees are responsible for notifying the Department of any change of address. Failure to receive a renewal form from the Department shall not constitute an excuse for failure to renew a license.

C) Types of professional skills necessary for compliance: No specific professional skills are necessary for licensure.

13) Regulatory Agenda on which this rulemaking was summarized: January 2000

The full text of the Proposed Rules begins on the next page:

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED RULES

TITLE 68: PROFESSIONS AND OCCUPATIONS  
 CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATIONS  
 SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

## PART 1215

## MAIL ORDER CONTACT LENS ACT

Section	Definition
1215.10	Definition
1215.20	Registration
1215.30	Fees
1215.40	Renewals
1215.50	Records
1215.60	Violations
1215.70	Granting Variances

**AUTHORITY:** Implementing the Mail Order Contact Lens Act (225 ILCS 83) and authorized by Section 60(7) of the Civil Administrative Code of Illinois (20 ILCS 2105/2105-60).

**SOURCE:** Adopted at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 1215.10 Definitions**

"Act" shall mean the Mail Order Contact Lens Act [225 ILCS 83].

"Department" means the Illinois Department of Professional Regulation.

"Mail order ophthalmic provider" means an entity located outside of Illinois who dispenses contact lenses to Illinois residents via the United States Postal Service, the Internet or other common carrier.

"Prescriber" means a physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 [225 ILCS 60] or an optometrist licensed under the Illinois Optometric Practice Act of 1987 [225 ILCS 80].

**Section 1215.20 Registration**

- a) An entity desiring to register as a mail order ophthalmic provider shall submit an application to the Department, on forms supplied by the Department. The application shall include the following:

- 1) Certification and disclosure:  
 A) That the entity is licensed or registered to distribute contact lenses in the state in which the dispensing facility is located and from which the contact lenses are dispensed, if required.

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED RULES

- B) Of the location, names, and titles of all principal corporate officers and the person who is responsible for overseeing the dispensing of contact lenses to residents in this State.
- C) That it complies with all lawful directions and appropriate requests for information from the appropriate agency of each state in which it is licensed or registered.
- D) That it will respond directly to all communications from the Department concerning emergency circumstances arising from the dispensing of contact lenses to residents of this State.
- E) That it maintains records of contact lenses dispensed to residents of this State so the records are readily retrievable.
- F) That it will cooperate with the Department in providing information to the appropriate agency of the state in which it is licensed or registered concerning matters related to the dispensing of contact lenses to residents of this State.
- G) That it conducts business in a manner that conforms with Section 10 of the Act and this Part.
- H) That it provides a toll-free telephone service responding to patient questions and complaints during its regular hours of operation. The toll-free number shall be included in literature provided with mailed contact lenses. All questions relating to eye care for the lenses prescribed shall be referred back to the contact lens prescriber.
- I) That it provides the following or a substantially equivalent written notification to the patient whenever contact lenses are supplied:

**WARNING: IF YOU ARE HAVING ANY OF THE FOLLOWING SYMPTOMS REMOVE YOUR LENS IMMEDIATELY AND CONSULT YOUR EYE CARE PRACTITIONER BEFORE WEARING YOUR LENSES AGAIN: UNEXPLAINED EYE DISCOMFORT, WATERING, VISION CHANGE, OR REDNESS.**

- 2) The required fee set forth in Section 1215.30.

- b) When the address or name of a facility is changed, the licensee shall be required to notify the Department, obtain a corrected license and pay the required fee set forth in Section 1215.30.

**Section 1215.30 Fees**

- a) Application Fees

The fee for application for original registration as a non-resident mail order ophthalmic provider shall be \$1000.

- b) Renewal Fees

The fee for renewal of a registration of a non-resident mail order ophthalmic provider shall be \$1000 per year.

- c) General Fees

## DEPARTMENT OF PROFESSIONAL REGULATION

## NOTICE OF PROPOSED RULES

- 1) The fee for issuance of a duplicate registration certification or for the re-issuance of a replacement registration certificate, which has been lost or destroyed, is \$50.
- 2) The fee for issuance of a registration certificate with a change of address other than during the renewal period is \$50.
- 3) The fee for the certification of registration for any purpose is \$50.
- 4) The fee for a roster of persons registered under the Act is the actual cost of producing the roster.

**Section 1215.40 Renewals**

- a) The first renewal period for registration issued under the Act shall end March 31, 2002 and subsequent renewal periods shall end every March 31 thereafter. The holder of a registration may renew that registration 60 days prior to the expiration date by filing an application with the Department and paying the required fee set forth in Section 1215.30.
- b) It is the responsibility of each registrant to notify the Department of any change of mailing address. Failure to receive a renewal form from the Department shall not constitute an excuse for failure to pay the renewal fee or to renew one's registration.

**Section 1215.50 Records**

Records of prescriptions filled must be maintained for 3 years, including original copies of the prescription or records of the electronic transmissions.

**Section 1215.60 Violations**

The Department may refuse to issue, renew, or restore a license, or may revoke, suspend, place on probation, reprimand, impose a fine not to exceed \$5,000 for each violation, or take other disciplinary action as the Department may deem proper with regard to a licensee for any one or combination of the following reasons:

- a) Dispense contact lenses into Illinois without a prescription as required by the Act.
- b) Dispense contact lenses into Illinois beyond the stated expiration date of the prescription.
- c) Fill a prescription in excess of the quantities or frequency stated.
- d) Fill a prescription other than exactly as written without the express approval of the prescriber.
- e) Fill a prescription without the full name, address and phone number of the prescribing doctor on the original copy of the prescription or in the record if electronically transmitted and also displayed on the prescription package along with the required warning notice.
- f) Advertise to the citizens of Illinois the availability of goods or services that if provided would violate the Act, the Illinois

## DEPARTMENT OF PROFESSIONAL REGULATION

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Optometric Practice Act of 1987 or the Illinois Medical Practice Act of 1987.

**Section 1210.70 Granting Variances**

- a) The Director of the Department may grant variances from this Part in individual cases when he/she finds that:
  - 1) The provision from which the variance is granted is not statutorily mandated;
  - 2) No party will be injured by the granting of the variance; and
  - 3) The rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.
- b) The Director shall notify the Illinois Optometric Licensing and Disciplinary Board and the Medical Licensing Board of the granting of the variance, and the reasons for the variance, at the next meeting of the boards.



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

- 1) Heading of the Part: Health Care Professional Credentials Data Collection Code

- 2) Code Citation: 77 Ill. Adm. Code 965

Section Numbers:	Proposed Action:
965.110	New Section
965.115	New Section
965.220	New Section
965.230	New Section
965.240	New Section
965.810	New Section
965.820	New Section
965.840	New Section
965.850	New Section
965.860	New Section
APPENDIX A	New Section
APPENDIX B	New Section
APPENDIX C	New Section

- 4) Statutory Authority: Health Care Professional Credentials Data Collection Code [410 ILCS 517]

- 5) A Complete Description of the Subjects and Issues Involved: These rules implement the Health Care Professional Credentials Data Collection Act (P.A. 91-602, effective August 16, 1999). The Act requires the Department, in consultation with the Health Care Credentials Council, to establish, by rule, a uniform health care credentials form and a credentials form; a uniform hospital credentials form and a credentials form; and uniform updating forms. Health care entities, health care plans, and hospitals that employ, contract with, or allow health care professionals to provide medical or health care services and require health care professionals to be credentialed or recertified will be required to use the prescribed forms.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

- 6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? No
- 7) Does this Rulemaking Contain an Automatic Repeal Date? No
- 8) Does this Rulemaking Contain Any Incorporations By Reference? No

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

- 9) Are there any other Proposed Rules Pending on this Part? No

- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.

- 11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing, within 45 days of this issue of the *Illinois Register*, to:

Paul Thompson, Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761  
(217/782-2043)  
[rules@idph.state.il.us]

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Paul Thompson at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

- 12) Initial Regulatory Flexibility Analysis:

- A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected: hospitals, health care plans, health care entities, as defined in the rules
- B) Reporting, Bookkeeping or Other Procedures Required for Compliance: compliance and submission of required forms

- C) Types of Professional Skills Necessary for Compliance: None

- 13) Regulatory Agenda on which this rulemaking was summarized: July 2000

The full text of the Proposed Rules begins on the next page:

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED RULES

TITLE 77: PUBLIC HEALTH  
CHAPTER 1: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICES

PART 965  
HEALTH CARE PROFESSIONAL CREDENTIALS DATA COLLECTION CODE

SUBPART A: GENERAL

Section

- 965.110 Definitions
- 965.115 Referenced Materials
- 965.220 Health Care Credentialing Council
- 965.230 Use of Uniform Credentialing Forms
- 965.240 Required Policies and Procedures

SUBPART B: ENFORCEMENT ACTION

Section

- 965.810 Complaints
- 965.820 Notice of Violation
- 965.840 Adverse Licensure Action
- 965.850 Fines and Penalties
- 965.860 Hearings

APPENDIX A

Health Care Professional Credentialing and Business Data Gathering Form

APPENDIX B

Health Care Professional Recredentialing and Business Data Gathering Form

APPENDIX C

Health Care Professional Update Data Gathering Form

AUTHORITY: Implementing and authorized by the Health Care Professionals Data Collection Act [410 ILCS 517].

SOURCE: Adopted at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART A: GENERAL

Section 965.110 Definitions

Act - the Health Care Professional Credentials Data Collection Act [410 ILCS 517].

Credentialing - the process of assessing and validating the qualifications of a health care professional. (Section 5 of the Act)

Credentials data - those data, information, or answers to questions

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED RULES

required by a health care entity, health care plan, or hospital to complete the credentialing or recredentialing of a health care professional. (Section 5 of the Act)

Health care entity - any of the following entities that require the submission of credentials data in order for a health care professional to participate or provide care as a part of, or in conjunction with, the health care entity:

a health care facility or other health care organization licensed or certified to provide medical or health services in Illinois, other than a hospital;

a health care professional partnership, corporation, limited liability company, professional services corporation or group practice; or

an independent practice association or physician hospital organization. (Section 5 of the Act)

Entities licensed under other Acts that conduct credentialing in order for a health care professional to provide services, such as home health agencies, hospices and ambulatory surgical treatment centers, are health care entities for the purposes of this Part. Providers are certified under the Federal Medicare Program, such as Rural Health Clinics and End Stage Renal Disease treatment facilities, are also health care entities under this Part if they credential providers in order to provide services in their facilities/programs.

Health care plan - any entity licensed by the Department of Insurance as a prepaid health care plan or health maintenance organization or as an insurer that requires the submission of credentials data. (Section 5 of the Act)

Health care professional - any person licensed under the Medical Practice Act of 1987 or any person licensed under any other Act subsequently made subject to the Act. (Section 5 of the Act)

Hospital - a hospital licensed under the Hospital Licensing Act or any hospital organized under the University of Illinois Hospital Act. (Section 5 of the Act)

Recredentialing - the process by which a health care entity, health care plan or hospital ensures that a health care professional who is currently credentialled by the health care entity, health care plan, or hospital continues to meet the credentialing criteria used by the health care entity, health care plan or hospital no more than once every 2 years. (Section 5 of the Act)

## DEPARTMENT OF PUBLIC HEALTH

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**Section 965.115 Referenced Materials**

The following statutes and rules are referenced in this Part:

- a) State of Illinois statutes:
  - 1) Health Care Professional Credentials Data Collection Act [410 ILCS 517]
  - 2) Illinois Administrative Procedure Act [5 ILCS 100]
  - 3) Medical Studies Act [735 ILCS 5]
  - 4) Open Meetings Act [5 ILCS 120]
  - 5) Medical Practice Act of 1987 [225 ILCS 60]
  - 6) Hospital Licensing Act [210 ILCS 85]
  - 7) University of Illinois Hospital Act [110 ILCS 330]
  - 8) Administrative Review Law [735 ILCS 5/Art. III]
- b) State of Illinois rules:
  - 1) Illinois Department of Public Health - Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)

**Section 965.220 Health Care Credentialing Council**

- a) The Health Care Credentialing Council consists of 13 members, with 12 being appointed by the Governor. The Director of the Department, or the Director's designee, shall serve as the Chair of the Council. The Council provides assistance and input to the Department in its implementation of the Act.
- b) Meetings of the Council will be open to the public and shall be conducted in accordance with the Open Meetings Act.

**Section 965.230 Use of Uniform Credentialing Forms**

- a) The Department shall establish uniform forms for the purpose of credentialing, rec credentialing and information updates as required in Section 15 of the Act. The forms shall be coordinated to avoid the need for duplication of effort and information in submission.
- b) Hard copies and/or electronic copies of the forms shall be provided by the credentialing entity to applicants and current providers for use in their process. Copies may be obtained through the Department electronically via the website at [www.idph.state.il.us](http://www.idph.state.il.us) or in hard copy upon request.
- c) Beginning October 1, 2000, all health care entities and health care plans and hospitals that credential health care professionals shall only require the submission of the following forms, as specified in Section 15 of the Act:
  - 1) For credentialing, the form in Appendix A;
  - 2) For rec credentialing, the form in Appendix B;
  - 3) For updating credentials information, the form in Appendix C.
- d) Credentialing applications and forms sent out prior to the October 1, 2000 implementation date may continue to be processed after October 1, 2000. Health care plans, health care entities and hospitals need not

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

- require that the forms adopted in this Part be filed in order to credential a health care professional already in process prior to the October 1, 2000 date.
- e) This Section does not prohibit or restrict the right of a health care entity, health care plan or hospital to request additional information necessary for credentialing or rec credentialing. (Section 15(1) of the Act) Individual attestation and release forms will be unique to each health care plan, hospital or health care entity as a part of the credentialing process and, therefore, will be a supplemental request from the credentialing entity.
  - f) The forms adopted in this Part cannot be altered in structure. Nothing prohibits the use of pre-populated or double-sided forms as long as the structure of each page remains as published.
  - g) Nothing in the Act or this Part requires a health care entity, health care plan or hospital to seek all of the credentials data that may be provided in the mandated credentials data gathering forms. The extent to which a health care entity, health care plan or hospital requires a health care professional to complete the applicable sections of the forms is within the discretion of the health care entity, health care plan or hospital. However, no health care entity, plan or hospital may reject or deny a form that includes more information than the requirements of the individual entity, plan or hospital.
  - h) Keeping current and making changes in information, corrections, updates, and modifications to a health care professional's credentials data on file with health care entities, health care plans, and hospitals is the responsibility of the health care professional. Data and information changes shall be submitted by the health care professional in accordance with the following time frames:
    - 1) Within 5 business days for state health care professional license revocation, federal drug enforcement agency license revocation, Medicare or Medicaid sanctions, revocation of hospital privileges, any lapse in professional liability coverage required by a health care entity, health care plan or hospital, or conviction of a felony.
    - 2) Within 45 days for any other change in the information from the date of the health care professional knew of the change. (Section 15(9) of the Act)
  - i) All updates shall be made on the updating forms in Appendix C of this Part. (Section 15(9) of the Act) Updated information will be based off of the information submitted to a health care plan, health care entity or hospital in the form in Appendix B of this Part.
  - j) Collection of the information contained in the credentialing forms under this Part does not require health care entities, health care plans, hospitals or ambulatory surgery centers to use all of the data and fields in the credentialing process. Nothing in the Act or this Part mandates whether or how credentials data must be verified or assessed as part of the credentialing process. All decisions about whether and how to verify and assess any or all of the credentials

## DEPARTMENT OF PUBLIC HEALTH

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data submitted to a health care entity, health care plan or hospital by a health care professional is exclusively within the discretion of the health care entity, health care plan or hospital that is credentialing that health care professional.

**Section 965.240 Required Policies and Procedures**

- a) Each health care entity, health care plan, hospital, or other credentialing entity shall have adopted and implemented a policy or policies on the process of credentialing and credentials verification within their organization, including requests for additional information and confidentiality of information.
- b) *Each health care entity and health care plan shall complete the process of verifying a health care professional's credentials data in a timely fashion and shall complete the process of credentialing or recredentialing of the health care professional within 60 days after the submission of all credentials data and completion of verification of the credentials data. (Section 15(f) of the Act)*
- c) The credentialing data highlighted in the uniform forms in this Part are confidential as provided by law.
- d) To make the form beneficial and effective for health care providers, health care entities, health care plans and hospitals, additional commonly collected business data are also being collected in the form. Nothing in the Act or this Part shall be considered to prohibit sharing of business data for business purposes of the health care entity, health care plan or hospital.
- e) Health care entities, health care plans, hospitals and ambulatory surgery centers may delegate credentialing activities.

## SUBPART B: ENFORCEMENT ACTION

**Section 965.810 Complaints**

- a) The Department will investigate complaints received regarding the Act and this Part. Complaints shall be in writing to the Illinois Department of Public Health, Office of Health Care Regulation, 525 West Jefferson -- 4th Floor, Springfield IL 62761, and shall contain sufficient facts to facilitate the investigation.
- b) Upon receipt of a complaint, the Department will acknowledge receipt of the complaint in writing.
- c) If the complaint contains allegations that would constitute a prima facie violation of the Act or this Part, an investigation will be conducted. The Department will investigate each complaint as quickly as possible based on available personnel and resources.
- d) The Department will use the most efficient and effective methods to investigate each complaint. This may include requirement of the production of documents, review of records or on-site inspection.

## DEPARTMENT OF PUBLIC HEALTH

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**Section 965.820 Notice of Violation**

- a) When the Department determines through inspection, review of records, or other means of investigation that a violation of the Act or this Part has occurred, a notice of violation shall be served upon the health care plan, health care entity, hospital or health care professional.
- b) Each notice of violation shall be in writing and shall include:
  - 1) A description of the nature of the violation;
  - 2) A citation of the statutory provision or rule alleged to have been violated;
  - 3) A description of any action the Department may take under the Act, including the assessment of a penalty under Section 40 of the Act and Section 965.850 of this Part;
  - 4) A statement that the entity or person must submit a plan of correction; and
  - 5) A description of the manner in which the facility may contest the notice of violation and the right to a hearing to contest the violation under Section 965.860 of this Part.

**Section 965.840 Adverse Licensure Action**

- a) An adverse action under this Part will be the imposition of a penalty.
- b) Adverse actions will be considered by the Department when substantial or continued failure to comply with the Act or this Part is found to have occurred.
- c) In determining whether to take adverse action pursuant to Section 40 of the Act in setting the amount of any fine or penalty, the Department will consider the following factors:
  - 1) The gravity of the violation or violations and the extent to which the provisions of the Act, other applicable statutes, or this Part were violated;
  - 2) The reasonable diligence exercised by the health care entity, health care plan, hospital or provider to avoid the violation or violations or to reduce the potential harm to a patient or patients;
  - 3) Efforts by the health care entity, health care plan, hospital or provider to correct the violation or violations;
  - 4) Any previous violations of the Act or this Part committed by the health care entity, health care plan, hospital or provider.

**Section 965.850 Fines and Penalties**

- a) When the Department determines to impose a penalty or fine under Section 40 of the Act and this Part, the Department shall issue a notice of fine assessment.
- b) Each notice of fine assessment shall include:
  - 1) A description of the violation or violations for which the fine

## DEPARTMENT OF PUBLIC HEALTH

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is assessed;

- 2) The amount of the fine as determined under Section 965.840 of this Part, which may be up to \$1000 for the first violation and up to \$5000 for each subsequent offense. (Section 40 of the Act)
- 3) A description of the manner in which the health care plan, health care entity, hospital or health care professional may contest the fine assessment and the right to a hearing under the Department's Rules of Practice and Procedure in Administrative Hearings.
- c) If the health care plan, health care entity, hospital or professional cited under this Section does not comply with a written demand for payment within 30 days, the Director shall issue an order to certify to the Comptroller that the delinquent fines are due and owing from the licensee. The certification shall include any amounts due and owing as a result of a civil action pursuant to Section 40 of the Act. The Department shall send notice of the certification to the licensee and to any other person known to the Department who may be affected by the certification.

## Section 965.860 Hearings

- a) Health care plans, health care entities, hospitals or health care professionals may appeal certain actions of the Department under the Act and this Part. If any of the above-named parties desires to contest any Department action, it shall send a written request for a hearing to the Department within ten days after receipt of the notice of the contested action. Following receipt of a request for a hearing, the Department shall conduct a hearing to review the contested action.
- b) Hearings conducted pursuant to the Act and this Part shall be conducted in accordance with the following:
  - 1) Article 10 of the Illinois Administrative Procedure Act.
  - 2) The Department's Rules of Practice and Procedure in Administrative Hearings.
- c) Final administrative decisions of the Department are subject to judicial review under the Administrative Review Law [735 ILCS 5/Art. III]

## DEPARTMENT OF PUBLIC HEALTH

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Section 965, Appendix A

Health Care Professional Credentialing and Business Data Gathering Form

## STATE OF ILLINOIS

## Health Care Professional Credentialing and Business Data Gathering Form

The Health Care Professional Credentials Data Collection Act [410 ILCS 517] requires that this form be collected from health care professionals by hospitals, health care entities, and health care plans which desire to credential such professional. Each hospital, health care entity, and health care plan may also require completion of supplemental forms and attestations.

## INSTRUCTIONS

This form is for initial credentialing only. Other forms are required for recredentialing and for updating information.

The data marked as "Confidential Information" shall be maintained in confidence to the extent required by law. They may be used by the health care plan, entity or hospital and by their agents for credentialing and internal business purposes.

## ATTACHMENTS

Attach forms A-F as needed to support "yes" responses in the Professional History section and copies of the following:

☐ Curriculum Vitae

## CONFIDENTIAL INFORMATION:

- ☐ All Current Professional Licenses
- ☐ Current Federal DEA License, If Applicable
- ☐ Current State Controlled Substance License, If Applicable
- ☐ Current Professional Liability Insurance Face Sheet or Declaration of Insurance with Effective Date, Expiration Date and Amount Displayed per Occurrence and In Aggregate
- ☐ Current CLIA Certificate, If Applicable
- ☐ Current W-9s, If Applicable
- ☐ ECFMG Certificate, If Applicable
- ☐ Professional School Diploma, Residency Certificates, Fellowship Certificates, and Board Certifications, As Applicable



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## AFFIRMATION OF INFORMATION

I represent and warrant that all of the information provided and the responses given are correct and complete to the best of my knowledge and belief. I understand that willful falsification or willful omission of information will be grounds for rejection or termination, in addition to penalties provided by law. I further agree to promptly inform all entities to which this form was sent and not rejected of any change required to be updated by the Health Care Professional Credentialing and Business Data Gathering Update Form.

I understand that this application does not entitle me to participation in any hospital or health plan.

Applicant's Signature \_\_\_\_\_ Type or Print Name \_\_\_\_\_ Date \_\_\_\_\_

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

## PRACTICE AND PROFESSIONAL INFORMATION

## SECTION A. GENERAL INFORMATION

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Title \_\_\_\_\_  
MD / DO / PhD / MSW / DC /  
DPM / DDS / DMD / Other \_\_\_\_\_

List other names by which you have been known: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

If you have been known by other names, please explain why your name changed: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (mm/dd/yy) \_\_\_\_\_ Place of Birth: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Sex: ☐ Male ☐ Female

U.S. Citizen? ☐ Yes ☐ No

If no, do you have a legal right to reside permanently and work in the U.S.? ☐ Yes ☐ No

## CONFIDENTIAL INFORMATION

Resident Visa No: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Last \_\_\_\_\_

First \_\_\_\_\_

MI \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

## SECTION B. PROFESSIONAL INFORMATION

Illinois Professional License Number: \_\_\_\_\_

Current and Previous Professional License(s) in Other States (Attach Additional Sheet if More than Three Licenses)

State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ (mm/dd/yy)

State: \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (mm/dd/yy)

State: \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ (mm/dd/yy)

Current Federal DEA License Number \_\_\_\_\_

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DEA License Number Expiration Date: \_\_\_\_\_ (mm/dd/yy) License Unlimited? ☐ Yes ☐ No

If no, please explain limitation: \_\_\_\_\_

## Current and Previous State Controlled Substance Number(s)

	CONFIDENTIAL INFORMATION	Expiration Date:
State: _____	License #: _____ (mm/dd/yy)	_____ (mm/dd/yy)
State: _____	License #: _____ (mm/dd/yy)	_____ (mm/dd/yy)
State: _____	License #: _____ (mm/dd/yy)	_____ (mm/dd/yy)

Medicare Unique Provider ID# (UPIN): \_\_\_\_\_

National Provider Identification Number (NPI): \_\_\_\_\_

Medicaid ID#: \_\_\_\_\_

X-Ray Certification: \_\_\_\_\_  
State: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (mm/dd/yy)

## COMPLETE FOR EACH SPECIALTY

Specialty I: \_\_\_\_\_

Are you Board Certified in Specialty I? ☐ Yes ☐ No

If yes, name of Certifying Board: \_\_\_\_\_  
Date of Certification: \_\_\_\_\_ (mm/dd/yy) Date of Recertification (if applicable): \_\_\_\_\_ (mm/dd/yy)

If no, have you taken or are you scheduled to take the specialty boards certification? ☐ Yes ☐ No

If Certifying Boards taken, give date: \_\_\_\_\_ (mm/yy) Certification Expiration Date, if Any: \_\_\_\_\_ (mm/yy)

If not taken, date scheduled to take Specialty Boards: \_\_\_\_\_ (mm/yy)

Specialty/Subspecialty II: \_\_\_\_\_

Are you Board Certified in Specialty/Subspecialty II? ☐ Yes ☐ No

If yes, name of Certifying Board: \_\_\_\_\_  
Date of Certification: \_\_\_\_\_ (mm/yy) Date of Recertification (if applicable): \_\_\_\_\_ (mm/yy)

If no, have you taken or are you scheduled to take the specialty boards certification? ☐ Yes ☐ No

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If Certifying Boards taken, give date: \_\_\_\_\_ (mm/yy) Certification Expiration Date, if Any: \_\_\_\_\_ (mm/yy)

If not taken, date scheduled to take Specialty Boards: \_\_\_\_\_ (mm/yy)

## Specialty/Subspecialty III: \_\_\_\_\_

Are you Board Certified in Specialty/Subspecialty III? ☐ Yes ☐ No

If yes, name of Certifying Board: \_\_\_\_\_ (mm/yy) Date of Certification: \_\_\_\_\_ (mm/yy) Date of Recertification (if applicable): \_\_\_\_\_ (mm/yy)

If no, have you taken or are you scheduled to take the specialty boards certification? ☐ Yes ☐ No

If Certifying Boards taken, give date: \_\_\_\_\_ (mm/yy) Certification Expiration Date, if Any: \_\_\_\_\_ (mm/yy)

If not taken, date scheduled to take Specialty Boards: \_\_\_\_\_ (mm/yy)

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**SECTION C. PROFESSIONAL LIABILITY INSURANCE**

Please provide information on all professional liability insurance carriers from whom you have received coverage in the past 10 years. (Please attach additional sheets if necessary.)

**CURRENT PROFESSIONAL LIABILITY INSURANCE****CONFIDENTIAL INFORMATION:**

Carrier: \_\_\_\_\_  
 Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Original Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Policy Limits: \_\_\_\_\_ Per Occurrence: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_  
 Retroactive Date: \_\_\_\_\_ (mm/dd/yy)  
 What type of coverage do you have? ☐ Claims Made ☐ Occurrence

**PREVIOUS PROFESSIONAL LIABILITY INSURANCE****CONFIDENTIAL INFORMATION:**

Carrier: \_\_\_\_\_  
 Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Original Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Policy Limits: \_\_\_\_\_ Per Occurrence: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_  
 Retroactive Date: \_\_\_\_\_ (mm/dd/yy)  
 What type of coverage do you have? ☐ Claims Made ☐ Occurrence

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**PREVIOUS PROFESSIONAL LIABILITY INSURANCE****CONFIDENTIAL INFORMATION:**

Carrier: \_\_\_\_\_  
 Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Original Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Policy Limits: \_\_\_\_\_ Per Occurrence: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_  
 Retroactive Date: \_\_\_\_\_ (mm/dd/yy)  
 What type of coverage do you have? ☐ Claims Made ☐ Occurrence

**SECTION D. EDUCATION AND TRAINING**

If there are any gaps in your training (greater than 30 days), or if you have not completed any portion of your training, please explain on a separate sheet of paper and attach to this application.

**MEDICAL/PROFESSIONAL SCHOOL**

Institution Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_  
 Degree: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/yy)  
 If you are a graduate of a foreign medical school, you are certified by the Educational Commission for Foreign Medical Graduates (ECFMG):  
☐ Yes ☐ No

If you attended more than one medical/professional school, please check here and attach an explanation: ☐

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**INTERNSHIP**

Institution Name: \_\_\_\_\_  
Department Chair or Program Director: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_  
Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
Type of internship: ☐ Rotating ☐ Straight If straight, please list specialty: \_\_\_\_\_  
Did you successfully complete this program? ☐ Yes ☐ No If no, please attach an explanation.  
If more than one internship, please check here and attach additional information: ☐

**FIRST RESIDENCY**

Institution Name: \_\_\_\_\_  
Department Chair or Program Director: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_  
Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
Type of residency: \_\_\_\_\_  
Did you successfully complete this program? ☐ Yes ☐ No If no, please attach an explanation.

**SECOND RESIDENCY**

Institution Name: \_\_\_\_\_  
Department Chair or Program Director: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_

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Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
Type of residency: \_\_\_\_\_  
Did you successfully complete this program? ☐ Yes ☐ No If no, please attach an explanation.  
If more than two residencies, please check here and attach additional information: ☐

**FIRST FELLOWSHIP**

Institution Name: \_\_\_\_\_  
Department Chair or Program Director: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_  
Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
Type of fellowship: \_\_\_\_\_  
Did you successfully complete this program? ☐ Yes ☐ No If no, please attach an explanation.

**SECOND FELLOWSHIP**

Institution Name: \_\_\_\_\_  
Department Chair or Program Director: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_  
Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
Type of fellowship: \_\_\_\_\_  
Did you successfully complete this program? ☐ Yes ☐ No If no, please attach an explanation.  
If more than two fellowships, please check here and attach additional information: ☐

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## TEACHING EXPERIENCE/FACULTY APPOINTMENT (MOST RECENT)

Institution Name \_\_\_\_\_  
 Department Chair or Program Director \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Telephone Number: ( ) \_\_\_\_\_  
 Dates From \_\_\_\_\_ To \_\_\_\_\_  
 Rank/Position, if applicable \_\_\_\_\_  
 State \_\_\_\_\_  
 City \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Fax Number: ( ) \_\_\_\_\_  
 Rank/Position, if applicable \_\_\_\_\_

## TEACHING EXPERIENCE/FACULTY APPOINTMENT (PREVIOUS)

Institution Name \_\_\_\_\_  
 Department Chair or Program Director \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Telephone Number: ( ) \_\_\_\_\_  
 Dates From \_\_\_\_\_ To \_\_\_\_\_  
 Rank/Position, if applicable \_\_\_\_\_  
 State \_\_\_\_\_  
 City \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Fax Number: ( ) \_\_\_\_\_  
 Rank/Position, if applicable \_\_\_\_\_

If more than two teaching experiences/faculty appointments, check, here and attach additional information: ☐

## MEMBERSHIP STATUS - USE FOR SECTIONS E, F, AND G

Please use the following key to indicate membership status in Sections E (Hospital Membership - Current), F (Hospital Membership - Previous), and G (Ambulatory Surgery Membership) below.

A. Active	F. Active Provisional Staff	K. Admitting
B. Courtesy	G. Senior Staff	L. Pending
C. Consulting	H. Associate	M. Courtesy Provisional Staff
D. Visiting	I. Provisional	N. Other (Specify)
E. Suspended	J. Temporary	

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## SECTION E. HOSPITAL MEMBERSHIP - CURRENT AND PENDING

Please list all hospitals where you currently have active or admitting privileges or have applications for privileges pending. (Include additional sheets if more than three hospitals.)

## A. Primary Hospital

Hospital Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_ To Present \_\_\_\_\_  
 Department/Division \_\_\_\_\_ Medical Staff Office FAX # \_\_\_\_\_  
 Any Limitations in Your Area of Specialty at this Hospital? \_\_\_\_\_

## B. Other Hospital

Hospital Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_ To Present \_\_\_\_\_  
 Department/Division \_\_\_\_\_ Medical Staff Office FAX # \_\_\_\_\_  
 Any Limitations in Your Area of Specialty at this Hospital? \_\_\_\_\_

## C. Other Hospital

Hospital Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_ To Present \_\_\_\_\_  
 Department/Division \_\_\_\_\_ Medical Staff Office FAX # \_\_\_\_\_  
 Any Limitations in Your Area of Specialty at this Hospital? \_\_\_\_\_



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## SECTION F. HOSPITAL MEMBERSHIP - PREVIOUS

Please list all hospitals where you previously held privileges other than during your Internship/Residency/Fellowship. Use the Membership Status key at the top of page 8. (Include additional sheets if more than three hospitals.)

A. Hospital Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_  
 From (mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_  
 Department/Division: \_\_\_\_\_ Medical Staff Office FAX #: \_\_\_\_\_

B. Hospital Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_  
 From (mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_  
 Department/Division: \_\_\_\_\_ Medical Staff Office FAX #: \_\_\_\_\_

C. Hospital Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_  
 From (mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_  
 Department/Division: \_\_\_\_\_ Medical Staff Office FAX #: \_\_\_\_\_

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## SECTION G. AMBULATORY SURGERY CENTER PRACTICE

Please list all ambulatory surgery centers where you currently have or previously had privileges. Use the Membership Status key at the top of page 8. (Include additional sheets if more than three ambulatory surgery centers.)

A. Primary Ambulatory Surgery Center  
 ASC Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 FAX #: \_\_\_\_\_  
 Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_  
 From (mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_  
 Any Limitations in Your Area of Specialty at this ASC? \_\_\_\_\_

B. Other Ambulatory Surgery Center  
 ASC Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 FAX #: \_\_\_\_\_  
 Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_  
 From (mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_  
 Any Limitations in Your Area of Specialty at this ASC? \_\_\_\_\_

C. Other Ambulatory Surgery Center  
 ASC Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 FAX #: \_\_\_\_\_  
 Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_  
 From (mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_  
 Any Limitations in Your Area of Specialty at this ASC? \_\_\_\_\_

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## SECTION H. WORK HISTORY

List chronologically (most recent first) all work engagements (including employment, self-employment, service as an independent contractor, and military service) since completion of professional training. Do not duplicate internship, residency, and fellowship information previously reported. If there is any gap of greater than 30 days in chronology, explain it on a separate page.

**Current work place:** \_\_\_\_\_  
Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Title or Professional Occupation: \_\_\_\_\_  
Time in this employment: \_\_\_\_\_ From: \_\_\_\_\_ to **Present**  
(mm/yy)

**Previous work place:** \_\_\_\_\_  
Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Title or Professional Occupation: \_\_\_\_\_  
Time in this employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/yy) (mm/yy)

**Previous work place:** \_\_\_\_\_  
Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Title or Professional Occupation: \_\_\_\_\_  
Time in this employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/yy) (mm/yy)

**Previous work place:** \_\_\_\_\_  
Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Title or Professional Occupation: \_\_\_\_\_

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Time in this employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/yy) (mm/yy) (mm/yy)

**Previous work place:** \_\_\_\_\_  
Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Title or Professional Occupation: \_\_\_\_\_  
Time in this employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/yy) (mm/yy) (mm/yy)

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## SECTION I. PROFESSIONAL REFERENCES

Please list the names of three individuals who have personal knowledge (within the past 12 months) of your current clinical abilities, ethical character and interpersonal skills and who would be willing to provide this information upon request. Do not list partners or persons with whom you share a financial interest. Do not list relatives or people listed elsewhere in this credentialing form.

## CONFIDENTIAL INFORMATION

Name: Last First MI Degree Title: \_\_\_\_\_  
Mailing Address: Street City State Zip \_\_\_\_\_  
Telephone Number: ( ) Fax Number: ( ) \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: Last First MI Degree Title: \_\_\_\_\_  
Mailing Address: Street City State Zip \_\_\_\_\_  
Telephone Number: ( ) Fax Number: ( ) \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: Last First MI Degree Title: \_\_\_\_\_  
Mailing Address: Street City State Zip \_\_\_\_\_  
Telephone Number: ( ) Fax Number: ( ) \_\_\_\_\_  
Relationship: \_\_\_\_\_

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## SECTION I. PRIMARY SITE INFORMATION

Please provide the following information for the primary site at which you practice.

## Primary Site

Group Business Name

Building Name

Office Address – Number and Street – Suite

City County State Zip

Main Telephone Number Office Administrator – Last First MI

Beeper/Emergency Number/Answering Service FAX Number E-Mail

Specialty practiced at this site:

Is your practice restricted within your specialty (e.g., by age or type of patient)? ☐ Yes ☐ No

If yes, describe the restrictions:

Briefly describe your practice at this location, including any special practice focus or equipment:

Are you currently accepting new patients at this location? ☐ Yes ☐ No

If yes, describe any restrictions (e.g., appointment type, patient type).

Please provide the number of active patients enrolled with you at this site: \_\_\_\_\_

Please provide the number of patient visits you have at this site per year: \_\_\_\_\_

Indicate your office schedule at this location in the following table. Write your specific hours in the appropriate spaces for each day.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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Please indicate standard patient waiting times to schedule an appointment at this site for:

	New Patient	Existing Patient
Emergency Care		
Urgent Care		
Symptomatic Care (e.g., sore throat)		
Routine Visits (e.g., blood pressure check)		
Preventive Routine Care (e.g., school or annual physical)		

Please provide the following regarding your practice at this site:

Maximum Number of Appointments per Hour	
Average Waiting Time in Office (from scheduled appointment time to actual examination)	
Average Response Time for Returning Patient Calls:	Acute or Urgent Situation
	Emergency Situation
	Routine Call

Please check all procedures you perform at this site:

<input type="checkbox"/> Age-appropriate immunizations	<input type="checkbox"/> EKG	<input type="checkbox"/> Drawing blood
<input type="checkbox"/> Tympanometry/audiometry screening	<input type="checkbox"/> X-rays	<input type="checkbox"/> Minor surgery
<input type="checkbox"/> Pulmonary function studies	<input type="checkbox"/> Flexible sigmoidoscopy	<input type="checkbox"/> Laceration repair
<input type="checkbox"/> Office gynecology (routine pelvic/PAP)	<input type="checkbox"/> Asthma treatment	<input type="checkbox"/> Allergy skin testing
<input type="checkbox"/> Osteopathic manipulation/Chiropractic	<input type="checkbox"/> IV hydration/treatment	<input type="checkbox"/> Physical Therapy

List any special skills or qualifications you or your office staff have that enhance your ability to practice medicine or treat certain patients or classes of patients. List separately any special language skills, such as fluency in a foreign language or proficiency in sign language.

Special Skills of Practitioner: \_\_\_\_\_

Special Skills of Staff: \_\_\_\_\_

Languages Spoken by Practitioner: \_\_\_\_\_

Languages Spoken by Staff: \_\_\_\_\_

Is this practice site handicapped accessible (check all that apply)?

- ☐ Building ☐ Parking ☐ Wheelchair ☐ Restroom

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Does this site employ paraprofessionals for direct patient care? ☐ Yes ☐ No

If yes, is supervision always provided on premises during paraprofessionals' direct patient care? ☐ Yes ☐ No  
Do the paraprofessionals bill under any of your Tax ID Numbers? ☐ Yes ☐ No

**CONFIDENTIAL INFORMATION:** If yes, list Tax ID Numbers used

Lab Service at this site? ☐ Yes ☐ No If yes, check whether: ☐ Primary ☐ Secondary ☐ Tertiary

CLIA Waiver: ☐ Yes ☐ No CLIA Expiration Date: \_\_\_\_\_

Please provide the following information about physician(s)/practitioner(s) who provide coverage for patients enrolled at this site when you are not available.

Name	Last	First	Middle	Address	Street	City	State	Zip	Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	Specialty	Telephone: ( )
<b>CONFIDENTIAL INFORMATION:</b> Tax ID #											
Name	Last	First	Middle	Address	Street	City	State	Zip	Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	Specialty	Telephone: ( )
<b>CONFIDENTIAL INFORMATION:</b> Tax ID #											
Name	Last	First	Middle	Address	Street	City	State	Zip	Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	Specialty	Telephone: ( )
<b>CONFIDENTIAL INFORMATION:</b> Tax ID #											

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Please provide the following information about physician(s)/practitioner(s) who practice in this office:

Name:	Last	First	MI	Specialty
Name:	Last	First	MI	Specialty
Name:	Last	First	MI	Specialty

**SECTION K. PRIMARY SITE TAX INFORMATION**

Please provide the following information for your Primary Site. Include tax information for each billing arrangement you use at this site. (Please include additional sheets if more than four applicable business arrangements.)

**Business Arrangement #1**

Name of Business Arrangement On SS4 or W-9 Form \_\_\_\_\_

Type of Arrangement (e.g., solo or group practice, IPA, PHO): \_\_\_\_\_

**CONFIDENTIAL INFORMATION:** Tax ID for this Arrangement \_\_\_\_\_

Billing Address, if Different from Primary Site: \_\_\_\_\_

Telephone Number, if Different from Primary Site: \_\_\_\_\_

**Business Arrangement #2**

Name of Business Arrangement On SS4 or W-9 Form: \_\_\_\_\_

Type of Arrangement (e.g., solo or group practice, IPA, PHO): \_\_\_\_\_

**CONFIDENTIAL INFORMATION:** Tax ID for this Arrangement: \_\_\_\_\_

Billing Address, if Different from Primary Site: \_\_\_\_\_

Telephone Number, if Different from Primary Site: \_\_\_\_\_

**Business Arrangement #3**

Name of Business Arrangement On SS4 or W-9 Form: \_\_\_\_\_

Type of Arrangement (e.g., solo or group practice, IPA, PHO): \_\_\_\_\_

**CONFIDENTIAL INFORMATION:** Tax ID for this Arrangement \_\_\_\_\_

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Billing Address, if Different from Primary Site: \_\_\_\_\_

Telephone Number, if Different from Primary Site: \_\_\_\_\_

**Business Arrangement #4**

Name of Business Arrangement On SS4 or W-9 Form \_\_\_\_\_

Type of Arrangement (e.g., solo or group practice, IPA, PHO): \_\_\_\_\_

**CONFIDENTIAL INFORMATION:** Tax ID for this Arrangement \_\_\_\_\_

Billing Address, if Different from Primary Site: \_\_\_\_\_

Telephone Number, if Different from Primary Site: \_\_\_\_\_

**SECTION L. ADDITIONAL SITE INFORMATION**

Please provide the following information for each additional site at which you practice. If there is more than one additional site, copy and complete this section for each additional site.

**Site**

Group/Business Name \_\_\_\_\_

Building Name \_\_\_\_\_

Office Address - Number and Street - Suite \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Main Telephone Number \_\_\_\_\_

Office Administrator - Last \_\_\_\_\_

MI \_\_\_\_\_

Beeper/Emergency \_\_\_\_\_

Number Answering Service \_\_\_\_\_

FAX Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Specialty practiced at this site: \_\_\_\_\_

Is your practice restricted within your specialty (e.g., by age or type of patient)? ☐ Yes ☐ No

If yes, describe the restrictions: \_\_\_\_\_

Briefly describe your practice at this location, including any special practice focus or equipment: \_\_\_\_\_

Are you currently accepting new patients at this location? ☐ Yes ☐ No



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If yes, describe any restrictions (e.g., appointment type, patient type): \_\_\_\_\_

Please provide the number of active patients enrolled with you at this site: \_\_\_\_\_

Please provide the number of patient visits you have at this site per year: \_\_\_\_\_

**Indicate your office schedule at this location in the following table. Write your specific hours in the appropriate spaces for each day.**

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Please indicate standard patient waiting times to schedule an appointment at this site for:**

	New Patient	Existing Patient
Emergency Care		
Urgent Care		
Symptomatic Care (e.g., sore throat)		
Routine Visits (e.g., blood pressure check)		
Preventive Routine Care (e.g., school or annual physical)		

**Please provide the following regarding your practice at this site:**

Maximum Number of Appointments per Hour	
Average Waiting Time in Office (from scheduled appointment time to actual examination)	
Average Response Time for Returning Patient Calls:	
Acute or Urgent Situation:	
Emergency Situation	
Routine Call:	

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**Please check all procedures you perform at this site:**

<input type="checkbox"/> Age-appropriate immunizations	<input type="checkbox"/> EKG	<input type="checkbox"/> Drawing blood
<input type="checkbox"/> Tympanometry/audiometry screening	<input type="checkbox"/> X-rays	<input type="checkbox"/> Minor surgery
<input type="checkbox"/> Pulmonary function studies	<input type="checkbox"/> Flexible sigmoidoscopy	<input type="checkbox"/> Laceration repair
<input type="checkbox"/> Office gynecology (routine pelvic/PAP)	<input type="checkbox"/> Asthma treatment	<input type="checkbox"/> Allergy skin testing
<input type="checkbox"/> Osteopathic manipulation/Chiropractic	<input type="checkbox"/> IV hydration treatment	<input type="checkbox"/> Physical Therapy

List any special skills or qualifications you or your office staff have that enhance your ability to practice medicine or treat certain patients or classes of patients. List separately any special language skills, such as fluency in a foreign language or proficiency in sign language.

Special Skills of Practitioner:

Special Skills of Staff:

Languages Spoken by Practitioner:

Languages Spoken by Staff:

Is this practice site handicapped accessible (check all that apply)?

☐ Building ☐ Parking ☐ Wheelchair ☐ Restroom

Does this site employ paraprofessionals for direct patient care? ☐ Yes ☐ No

If yes, is supervision always provided on premises during paraprofessionals' direct patient care? ☐ Yes ☐ No

Is the paraprofessional(s) bill under any of your Tax ID Numbers? ☐ Yes ☐ No

**CONFIDENTIAL INFORMATION:** If yes, list Tax ID Numbers used: \_\_\_\_\_

Lab Service at this site? ☐ Yes ☐ No If yes, check whether: ☐ Primary ☐ Secondary ☐ Tertiary

CLIA Waiver: ☐ Yes ☐ No CLIA Expiration Date: \_\_\_\_\_

Please provide the following information about physician(s)/practitioner(s) who provide coverage for patients enrolled at this site when you are not available.

Name: _____	First _____	Middle _____	Last _____	Degree _____	Specialty _____
Address: _____			City _____	State _____	Zip _____
Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		Telephone: (____) _____			

**CONFIDENTIAL INFORMATION:** Tax ID #: \_\_\_\_\_

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Name: _____	First _____	MI _____	Degree _____	Specialty _____
Address _____	Street _____	City _____	State _____	Zip _____
Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays				
<b>CONFIDENTIAL INFORMATION:</b> Tax ID # _____				
Name: _____	First _____	MI _____	Degree _____	Specialty _____
Address _____	Street _____	City _____	State _____	Zip _____
Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays				
<b>CONFIDENTIAL INFORMATION:</b> Tax ID # _____				

Please provide the following information about physician(s)/practitioner(s) who practice in this office:

Name: _____	Last _____	First _____	MI _____	Specialty _____
Name: _____	Last _____	First _____	MI _____	Specialty _____
Name: _____	Last _____	First _____	MI _____	Specialty _____

SECTION M. PRIMARY SITE TAX INFORMATION

Please provide the following information for each additional site at which you practice. Include tax information for each billing arrangement you use at this site. (If there is more than one additional site, or more than five business arrangements at any one site, please copy and complete this page for each additional site and business arrangement.)

Business Arrangement #1

Name of Business Arrangement On SS4 or W-9 Form: _____
Type of Arrangement (e.g., solo or group practice, IPA, PHO): _____
<b>CONFIDENTIAL INFORMATION:</b> Tax ID for this Arrangement: _____

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Billing Address, if Different from Primary Site: _____
Telephone Number, if Different from Primary Site: _____
<b>Business Arrangement #2</b>
Name of Business Arrangement On SS4 or W-9 Form: _____
Type of Arrangement (e.g., solo or group practice, IPA, PHO): _____
<b>CONFIDENTIAL INFORMATION:</b> Tax ID for this Arrangement: _____
Billing Address, if Different from Primary Site: _____
Telephone Number, if Different from Primary Site: _____
<b>Business Arrangement #3</b>
Name of Business Arrangement On SS4 or W-9 Form: _____
Type of Arrangement (e.g., solo or group practice, IPA, PHO): _____
<b>CONFIDENTIAL INFORMATION:</b> Tax ID for this Arrangement: _____

Billing Address, if Different from Primary Site: _____
Telephone Number, if Different from Primary Site: _____
<b>Business Arrangement #4</b>
Name of Business Arrangement On SS4 or W-9 Form: _____
Type of Arrangement (e.g., solo or group practice, IPA, PHO): _____
<b>CONFIDENTIAL INFORMATION:</b> Tax ID for this Arrangement: _____

Billing Address, if Different from Primary Site: _____
Telephone Number, if Different from Primary Site: _____

PROFESSIONAL HISTORY: CONFIDENTIAL

Submit all applications. Please answer the following questions to the best of your knowledge with a "yes" or "no".

ADVERSE AND OTHER ACTIONS

If you answer yes to any question(s) in this section please complete FORM A. Please make copies of FORM A if needed, and complete one form for each yes answer.

1. Has your license to practice in any jurisdiction every been denied, restricted, limited.

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suspended, revoked, canceled and/or subject to probation either voluntarily or involuntarily."

2. Have you ever been reprimanded and/or fined, been the subject of a complaint and/or have you been notified that you have been investigated as the possible subject of a criminal or disciplinary action by any state or federal agency which licenses providers?

3. In the past ten years, have you lost your board certification, and/or failed to recertify?

4. Have you ever been examined by a Certifying Board but failed to pass?

5. Has any information pertaining to you ever been reported to the National Practitioner Data Bank (NPDB) and/or any other practitioner data bank?

6. Has your federal DEA number and/or state controlled substances license ever been restricted, limited, relinquished, suspended or revoked, either voluntarily or involuntarily, and/or have you ever been notified that you are being investigated as the possible subject of a criminal or disciplinary action with respect to your DEA or controlled substance registration?

7. Have you ever had your hospital or ambulatory surgery center privileges and/or membership denied, revoked, suspended, reduced, or non-renewed?

8. Have you ever voluntarily relinquished your hospital or ambulatory surgery center privileges for any reason?

9. Have any disciplinary actions or proceedings ever been instituted against you and/or are any disciplinary actions or proceedings now pending with respect to your hospital or ambulatory surgery center privileges and/or your license?

10. Have you ever been reprimanded, censured, excluded, suspended and/or disqualified from participating in Medicare, Medicaid, CHAMPUS and/or any other governmental health-related programs?

11. Have Medicare, Medicaid, CHAMPUS, PRO authorities and/or any other third party

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

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payors brought charges against you for alleged inappropriate fees and/or quality of care issues?"

12. Have you ever been denied membership and/or been subject to probation, reprimand, sanction, or have you ever been notified that you are being investigated as the possible subject of a criminal or disciplinary action by any health care organization, e.g. hospital, HMO, PPO, IPA, professional group or society, licensing board, certification board, PSRO, or PRG?"

13. Have you ever withdrawn an application or any portion of an application for clinical privileges or staff appointment prior to a final decision?

## PROFESSIONAL LIABILITY ACTIONS

If you answer yes to any question(s) in this section please complete FORM B. Please make copies of FORM B if needed, and complete one for each yes answer.

1. Have any professional liability judgments ever been entered against you?

2. Have any professional liability claim settlements, not involving litigation and or arbitration, ever been paid by you and/or paid on your behalf?

3. Are there any currently pending professional liability suits, actions and/or claims alleging malpractice filed against you?

4. Has any person or entity ever been sued for your clinical actions?

## LIABILITY INSURANCE

If you answer yes to this question please complete FORM C.

Have you ever been denied or voluntarily relinquished your professional liability insurance coverage, and/or have had your professional liability insurance coverage canceled, or non-renewed?"

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

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**CRIMINAL ACTIONS**

If you answer yes to any question(s) in this section please complete FORM D. Please make copies of FORM D if needed, and complete one for each yes answer.

- Have you ever been convicted of a crime (other than a minor traffic offense) in this or any other state or country and/or do you have any criminal charges pending other than minor traffic offenses in this state or any other state or country? ☐ Yes ☐ No
- Have you been the subject of a civil or criminal complaint or administrative action or been notified that you are being investigated as the possible subject at a civil, criminal or administrative action regarding sexual misconduct and/or child abuse? ☐ Yes ☐ No

**MEDICAL CONDITION**

If you answer yes to this question please complete FORM E.

Do you have a medical condition, physical defect or emotional impairment which in any way impairs and/or limits your ability to practice medicine with reasonable skill and safety?

☐ Yes ☐ No

**CHEMICAL SUBSTANCES OR ALCOHOL ABUSE**

If you answer yes to any question(s) in this section please complete FORM F. Please make copies of FORM F if needed, and complete one for each yes answer.

- Are you currently engaged in illegal use of any legal or illegal substances? ☐ Yes ☐ No
- Do you currently overuse and/or abuse alcohol or any other controlled substances? ☐ Yes ☐ No
- If you use alcohol and/or chemical substances, does your use in any way impair and/or limit your ability to practice medicine with reasonable skill and safety? ☐ Yes ☐ No
- Are you currently participating in a supervised rehabilitation program and/or Professional assistance program, which monitors you for alcohol and/or substance abuse? ☐ Yes ☐ No

**INVESTMENTS**

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In the last five years have you and/or a member of your family purchased or made an investment in (other than securities of a publicly traded company), or otherwise have a business interest in any clinical laboratory, diagnostic or testing center, hospital, surgicenter, and/or other business dealing with the provision of ancillary health services, equipment or supplies? ☐ Yes ☐ No

If yes, please provide explanation:

End Credentialing and Business Data Gathering Form.

Attach Forms A-F As Required

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DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

**FORM A - ADVERSE AND OTHER ACTIONS**

**DUPLICATE** this form as necessary to complete and separate sheet for **EACH** occurrence that applies. Use reverse side of this form if additional space is needed.

Applicant Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Indicate the number of ONE of the questions in Section A to which you answered "yes":  
Question Number: \_\_\_\_\_

A. Describe the circumstances surrounding this occurrence. Please include the date of the occurrence.

B. Provide an explanation of any actions taken. Please include the date the action was taken.

C. Provide the current status of the issue.

D. If known: Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

**FORM B - PROFESSIONAL LIABILITY ACTIONS**

**DUPLICATE** this form as necessary to complete a separate sheet for **EACH** action or allegation. Use reverse side of this form if additional space is needed.

Applicant Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

A. Plaintiff's Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

B. Your Involvement in the Case (Attending, Consulting, Etc.): \_\_\_\_\_

C. Your Status in the Case (Sole Defendant, Co-Defendant, Ownership Interest in Provider Practice Name in Suit, Etc.): \_\_\_\_\_

D. Allegations, including Patient Outcome, if Available: \_\_\_\_\_

E. Date of Incident (mm/yy): \_\_\_\_\_ F. Date Filed (mm/yy): \_\_\_\_\_

G. Date Case Closed (mm/yy): \_\_\_\_\_

Resolution Case  
☐ Dismissed ☐ Judgment ☐ Arbitration ☐ Other  
☐ Settlement out of Court ☐ Pending ☐ Mediation

H. Amount Paid on Your Behalf (if any): \$ \_\_\_\_\_

I. Professional Liability/Insurer Name (if one was involved) \_\_\_\_\_

J. Insurer Telephone Number: ( ) \_\_\_\_\_ K. Policy Number: \_\_\_\_\_

L. Insurer Address (Street, City, State, Zip Code): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**FORM C – LIABILITY INSURANCE****FORM D – CRIMINAL ACTIONS**

**DUPLICATE** this form as necessary to complete a separate sheet for **EACH** action or allegation. Use reverse side of this form if additional space is needed.

**DUPLICATE** this form as necessary to complete a separate sheet for **EACH** action or allegation. Use reverse side of this form if additional space is needed.

Applicant Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**A History of Professional Liability Insurance (Please check One)**

☐ Canceled Voluntarily ☐ Non-Renewed

☐ Canceled Involuntarily ☐ Application Denied

**B** Carrier Name: \_\_\_\_\_

**C.** Carrier Telephone Number: (\_\_\_\_) \_\_\_\_\_

**D** Policy Number: \_\_\_\_\_

**E.** Carrier Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**F.** Dates of Coverage: From (mm/yy): \_\_\_\_\_ To (mm/yy): \_\_\_\_\_

**G.** Circumstances Involved: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**FORM E - MEDICAL CONDITION**

**DUPLICATE** this form as necessary to complete a separate sheet for **EACH** action or allegation. Use reverse side of this form if additional space is needed.

Applicant Name: \_\_\_\_\_

Last

First

MI

A. Describe this medical condition: \_\_\_\_\_

B. To what extent does or could this condition affect your current ability to practice medicine in your specialty area or to perform a full range of clinical activities? \_\_\_\_\_

C. What is the current status of your condition? \_\_\_\_\_

D. Provide the name and address of your personal physician/health care provider who can provide information

Name

Telephone Number

Last

First

MI

Degree

Last

First

MI

Degree

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FORM F - CHEMICAL SUBSTANCES OR ALCOHOL ABUSE**

**DUPLICATE** this form as necessary to complete a separate sheet for **EACH** action or allegation. Use reverse side of this form if additional space is needed.

Applicant Name: \_\_\_\_\_

Last

First

MI

Describe the substance you use: \_\_\_\_\_

A. To what extent does, or could, your use of this substance affect your current ability to practice medicine in your specialty area or to perform a full range of clinical activities? \_\_\_\_\_

B. Monitored by State Board Mandate (Name and Address) C. Monitored Voluntarily (Name and Address) \_\_\_\_\_

D. Other information about the current status of your use of substances: \_\_\_\_\_

F. Abstinent since (mm yy) \_\_\_\_\_

F. Provide the name and address of your personal physician/health care provider who can provide information about your treatment for alcohol or chemical substance use and can comment on what impact (if any) it has on your current/future professional practice

Name

Telephone Number

Last

First

MI

Degree

Last

First

MI

Degree

Last

First

MI

Degree

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## NOTICE OF PROPOSED RULES

Professional Credentialing and Business Data Gathering Update Form.

I understand that this application does not entitle me to participation in any hospital or health plan.

Applicant's Signature \_\_\_\_\_ Type or Print Name \_\_\_\_\_ Date \_\_\_\_\_

## PRACTICE AND PROFESSIONAL INFORMATION

## SECTION A. GENERAL INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Last First MI MD / DO / PhD / MSW / DC /  
 DPM / DDS / DMD / Other

List other names by which you have been known: \_\_\_\_\_

If you have been known by other names, please explain why your name changed: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (mm/dd/yy)

Sex: ☐ Male ☐ FemaleU.S. Citizen? ☐ Yes ☐ NoIf no, do you have a legal right to reside permanently and work in the U.S.? ☐ Yes ☐ No

**CONFIDENTIAL INFORMATION**

Resident Visa No: \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Emergency Contact Person Last First MI Telephone Number (\_\_\_\_\_) \_\_\_\_\_

## SECTION B. PROFESSIONAL INFORMATION

Illinois Professional License Number: \_\_\_\_\_

Current and Previous Professional License(s) in Other States (Attach Additional Sheet if More than Three Licenses)  
 State: \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (mm/dd/yy)

State: \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (mm/dd/yy)

State: \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (mm/dd/yy)

## NOTICE OF PROPOSED RULES

Section 965, Appendix B Health Care Professional Recredentialing and Business Data Gathering Form

## STATE OF ILLINOIS

## Health Care Professional Recredentialing and Business Data Gathering Form

The Health Care Professional Credentials Data Collection Act (410 ILCS 517) requires that this form be collected from health care professionals by hospitals, health care entities, and health care plans which desire to recredential such professional. Each hospital, health care entity, and health care plan may also require completion of supplemental forms and attestations.

## INSTRUCTIONS

This form is for recredentialing only. Other forms are required for credentialing and for updating information.

The data marked as "Confidential Information" shall be maintained in confidence to the extent required by law. They may be used by the health care plan, entity or hospital and by their agents for credentialing and internal business purposes.

## ATTACHMENTS

Attach forms A-F as needed to support "yes" responses in the Professional History section and copies of the following:

## CONFIDENTIAL INFORMATION:

- ☐ All Current Professional Licenses
- ☐ Current Federal DEA License, if Applicable
- ☐ Current State Controlled Substance License, if Applicable
- ☐ Current Professional Liability Insurance Face Sheet or Declaration of Insurance with Effective Date, Expiration Date and Amount Displayed per Occurrence and In Aggregate
- ☐ Current CJA Certificate, if Applicable
- ☐ Current W-9, if Applicable

## AFFIRMATION OF INFORMATION

I represent and warrant that all of the information provided and the responses given are correct and complete to the best of my knowledge and belief. I understand that willful falsification or willful omission of information will be grounds for rejection or termination, in addition to penalties provided by law. I further agree to promptly inform all entities to which this form was sent and not rejected of any change required to be updated by the Health Care

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Current Federal DEA License Number: \_\_\_\_\_ (mm/dd/yyyy) **CONFIDENTIAL INFORMATION**

DEA License Number Expiration Date: \_\_\_\_\_ (mm/dd/yyyy) License Unlimited? ☐ Yes ☐ No

If no, please explain limitation: \_\_\_\_\_

**Current and Previous State Controlled Substance Number(s)**

CONFIDENTIAL INFORMATION			
State: _____	License # _____	Expiration Date: _____	(mm/dd/yyyy)
State: _____	License # _____	Expiration Date: _____	(mm/dd/yyyy)
State: _____	License # _____	Expiration Date: _____	(mm/dd/yyyy)

Medicare Unique Provider ID#(UPIN): \_\_\_\_\_

National Provider Identification Number (NPI): \_\_\_\_\_

Medicaid ID#: \_\_\_\_\_

X-Ray Certification: \_\_\_\_\_

State: \_\_\_\_\_ Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_ (mm/dd/yyyy)

**COMPLETE FOR EACH SPECIALTY**

Specialty I: \_\_\_\_\_

Are you Board Certified in Specialty I? ☐ Yes ☐ No

If yes, name of Certifying Board: \_\_\_\_\_

Date of Certification: \_\_\_\_\_ (mm/dd/yyyy) Date of Recertification (if applicable): \_\_\_\_\_ (mm/dd/yyyy)

If no, have you taken or are you scheduled to take the specialty boards certification? ☐ Yes ☐ No

If Certifying Boards taken, give date \_\_\_\_\_ (mm/yyyy) Certification Expiration Date, if Any \_\_\_\_\_ (mm/yyyy)

If not taken, date scheduled to take Specialty Boards: \_\_\_\_\_ (mm/yyyy)

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Specialty/Subspecialty II: \_\_\_\_\_

Are you Board Certified in Specialty/Subspecialty II? ☐ Yes ☐ No

If yes, name of Certifying Board: \_\_\_\_\_

Date of Certification: \_\_\_\_\_ (mm/yyyy) Date of Recertification (if applicable): \_\_\_\_\_ (mm/yyyy)

If no, have you taken or are you scheduled to take the specialty boards certification? ☐ Yes ☐ No

If Certifying Boards taken, give date: \_\_\_\_\_ (mm/yyyy) Certification Expiration Date, if Any: \_\_\_\_\_ (mm/yyyy)

In not taken, date scheduled to take Specialty Boards: \_\_\_\_\_ (mm/yyyy)

Specialty/Subspecialty III: \_\_\_\_\_

Are you Board Certified in Specialty/Subspecialty III? ☐ Yes ☐ No

If yes, name of Certifying Board: \_\_\_\_\_

Date of Certification: \_\_\_\_\_ (mm/yyyy) Date of Recertification (if applicable): \_\_\_\_\_ (mm/yyyy)

If no, have you taken or are you scheduled to take the specialty boards certification? ☐ Yes ☐ No

If Certifying Boards taken, give date \_\_\_\_\_ (mm/yyyy) Certification Expiration Date, if Any: \_\_\_\_\_ (mm/yyyy)

If not taken, date scheduled to take Specialty Boards: \_\_\_\_\_ (mm/yyyy)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

## CURRENT PROFESSIONAL LIABILITY INSURANCE

## CONFIDENTIAL INFORMATION:

Carrier \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Number \_\_\_\_\_ Original Effective Date: (mm/dd/yy) \_\_\_\_\_ Expiration Date: (mm/dd/yy) \_\_\_\_\_

Policy Limits: Per Occurrence: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_

Retroactive Date: (mm/dd/yy) \_\_\_\_\_

What type of coverage do you have? ☐ Claims Made ☐ Occurrence

## MEMBERSHIP STATUS - USE FOR SECTIONS C AND D

Please use the following key to indicate membership status in Sections C (Hospital Membership - Current) and D (Ambulatory Surgery Membership) below:

A. Active	F. Active Provisional Staff	K. Admitting
B. Courtesy	G. Senior Staff	L. Pending
C. Consulting	H. Associate	M. Courtesy Provisional Staff
D. Visiting	I. Provisional	N. Other (Specify) _____
E. Suspended	J. Temporary	

## SECTION C. HOSPITAL MEMBERSHIP - CURRENT AND PENDING

Please list all hospitals where you currently have active or admitting privileges or have applications for privileges pending. (Include additional sheets if more than three hospitals.)

## A. Primary Hospital

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_ To Present \_\_\_\_\_  
(mm/dd/yy)

Department/Division: \_\_\_\_\_ Medical Staff Office FAX #: ( ) \_\_\_\_\_

Any Limitations in Your Area of Specialty at this Hospital? \_\_\_\_\_

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## B. Other Hospital

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_ To Present \_\_\_\_\_  
(mm/dd/yy)

Department/Division: \_\_\_\_\_ Medical Staff Office FAX #: ( ) \_\_\_\_\_

Any Limitations in Your Area of Specialty at this Hospital? \_\_\_\_\_

## C. Other Hospital

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_ To Present \_\_\_\_\_  
(mm/dd/yy)

Department/Division: \_\_\_\_\_ Medical Staff Office FAX #: ( ) \_\_\_\_\_

Any Limitations in Your Area of Specialty at this Hospital? \_\_\_\_\_

## SECTION D. AMBULATORY SURGERY CENTER PRACTICE

Please list all ambulatory surgery centers where you currently have or previously had privileges. Use the Membership Status key at the top of page 8. (Include additional sheets if more than three ambulatory surgery centers.)

## A. Primary Ambulatory Surgery Center

ASC Name: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FAX #: ( ) \_\_\_\_\_

Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_ To Present \_\_\_\_\_  
(mm/dd/yy)



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Any Limitations in Your Area of Specialty at this ASC? \_\_\_\_\_

**B. Other Ambulatory Surgery Center**

ASC Name: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FAX #: ( ) \_\_\_\_\_

Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_ To (mm/yy) \_\_\_\_\_

Any Limitations in Your Area of Specialty at this ASC? \_\_\_\_\_

**C. Other Ambulatory Surgery Center**

ASC Name: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FAX #: ( ) \_\_\_\_\_

Membership Status (see above): \_\_\_\_\_ Dates: \_\_\_\_\_ To (mm/yy) \_\_\_\_\_

Any Limitations in Your Area of Specialty at this ASC? \_\_\_\_\_

**SECTION E. WORK HISTORY**

List chronologically (most recent first) all work engagements (including employment, self-employment, service as an independent contractor, and military service) since completion of professional training. Do not duplicate internship, residency, and fellowship information previously reported. If there is any gap of greater than 30 days in chronology, explain it on a separate page.

Current work place: \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Title or Professional Occupation: \_\_\_\_\_

Time in this employment: \_\_\_\_\_ From: \_\_\_\_\_ To: Present

Previous work place: \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Title or Professional Occupation: \_\_\_\_\_

Time in this employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/yy)

Previous work place: \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Title or Professional Occupation: \_\_\_\_\_

Time in this employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/yy)

Previous work place: \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Title or Professional Occupation: \_\_\_\_\_

Time in this employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/yy)

Previous work place: \_\_\_\_\_

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Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Title or Professional Occupation: \_\_\_\_\_

Time in this employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/yy)

## SECTION F. MEDICAL EDUCATION/CLINICAL TRAINING UPDATE

Please provide an update of your medical education and clinical training over the past four years. Do not duplicate internship, residency, and fellowship information previously reports. (Attach additional sheets if necessary.)

## FIRST UPDATE

☐ Fellowship    ☐ Residency    ☐ Other

Institution Name: \_\_\_\_\_

Department Chair or Program Director: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Dates attended: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/yy)

Type of training: \_\_\_\_\_

Did you successfully complete this program? ☐ Yes ☐ No    If no, please attach an explanation.

## SECOND UPDATE

☐ Fellowship    ☐ Residency    ☐ Other

Institution Name: \_\_\_\_\_

Department Chair or Program Director: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Dates attended: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/yy)

Type of training: \_\_\_\_\_

Did you successfully complete this program? ☐ Yes ☐ No    If no, please attach an explanation

## SECTION G. PRIMARY SITE INFORMATION

Please provide the following information for the primary site at which you practice.

## Primary Site

Group Business Name: \_\_\_\_\_

Building Name: \_\_\_\_\_

Office Address - Number and Street - Suite \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Telephone Number \_\_\_\_\_ Office Administrator - Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Beeper/Emergency Number/Answering Service \_\_\_\_\_ FAX Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Are you currently accepting new patients at this location? ☐ Yes ☐ No

If yes, describe any restrictions (e.g., appointment type, patient type): \_\_\_\_\_

Please provide the number of active patients enrolled with you at this site: \_\_\_\_\_

Please provide the number of patient visits you have at this site per year: \_\_\_\_\_

List any special skills or qualifications you or your office staff have that enhance your ability to practice medicine or treat certain patients or classes of patients. List separately any special language skills, such as fluency in a foreign language or proficiency in sign language.

Special Skills of Practitioner: \_\_\_\_\_

Special Skills of Staff: \_\_\_\_\_

Languages Spoken by Practitioner: \_\_\_\_\_

Languages Spoken by Staff: \_\_\_\_\_

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Please provide the following information about physician(s)/practitioner(s) who provide coverage for patients enrolled at this site when you are not available.

Name: Last First MI Degree		Specialty
Address: Street City State Zip		Telephone: ( )
Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		
<b>CONFIDENTIAL INFORMATION:</b> Tax ID #		
Name: Last First MI Degree		Specialty
Address: Street City State Zip		Telephone: ( )
Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		
<b>CONFIDENTIAL INFORMATION:</b> Tax ID #		
Name: Last First MI Degree		Specialty
Address: Street City State Zip		Telephone: ( )
Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		
<b>CONFIDENTIAL INFORMATION:</b> Tax ID #		

## SECTION H. ADDITIONAL SITE INFORMATION

Please provide the following information for the primary site at which you practice.

Site	
Group/Business Name	
Building Name	
Office Address - Number and Street - Suite	
City	State Zip
Main Telephone Number	
Beeper/Emergency Number/Answering Service FAX Number	
Office Administrator - Last MI	
E-Mail	

Are you currently accepting new patients at this location? ☐ Yes ☐ No

If yes, describe any restrictions (e.g., appointment type, patient type):

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Please provide the number of active patients enrolled with you at this site

Please provide the number of patient visits you have at this site per year

List any special skills or qualifications you or your office staff have that enhance your ability to practice medicine or treat certain patients or classes of patients. List separately any special language skills, such as fluency in a foreign language or proficiency in sign language.

Special Skills of Practitioner

Special Skills of Staff

Languages Spoken by Practitioner

Languages Spoken by Staff

Please provide the following information about physician(s)/practitioner(s) who provide coverage for patients enrolled at this site when you are not available.

Name: Last First MI Degree		Specialty
Address: Street City State Zip		Telephone: ( )
Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		
<b>CONFIDENTIAL INFORMATION:</b> Tax ID #		
Name: Last First MI Degree		Specialty
Address: Street City State Zip		Telephone: ( )
Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		
<b>CONFIDENTIAL INFORMATION:</b> Tax ID #		
Name: Last First MI Degree		Specialty
Address: Street City State Zip		Telephone: ( )
Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		
<b>CONFIDENTIAL INFORMATION:</b> Tax ID #		

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**PROFESSIONAL HISTORY: CONFIDENTIAL**

Submit with all applications. Please answer the following questions to the best of your knowledge with a "yes" or "no". If you answer "yes" to any question(s) please explain completely on corresponding form for that section.

**PLEASE PROVIDE INFORMATION ON YOUR PROFESSIONAL HISTORY OVER THE PAST FOUR YEARS. CONSIDER THE PAST FOUR YEARS WHEN YOU ANSWER THE QUESTIONS IN THIS SECTION.**

1. Has your license to practice in any jurisdiction every been denied, restricted, limited, suspended, revoked, canceled and/or subject to probation either voluntarily or involuntarily? ☐ Yes ☐ No
2. Have you ever been reprimanded and/or fined, been the subject of a complaint and/or have you been notified that you have been investigated as the possible subject of a criminal or disciplinary action by any state or federal agency which licenses providers? ☐ Yes ☐ No
3. Have you lost your board certification, and/or failed to recertify? ☐ Yes ☐ No
4. Have you been examined by a Certifying Board but failed to pass? ☐ Yes ☐ No
5. Has any information pertaining to you ever been reported to the National Practitioner Data Bank (NPDB) and/or any other practitioner data bank? ☐ Yes ☐ No
6. Has your federal DEA number and/or state controlled substances license been restricted, limited, relinquished, suspended or revoked, either voluntarily or involuntarily, and/or have you ever been notified that you are being investigated as the possible subject of a criminal or disciplinary action with respect to your DEA or controlled substance registration? ☐ Yes ☐ No

7. Have you had your hospital or ambulatory surgery center privileges and/or membership denied, revoked, suspended, reduced, or non-renewed? ☐ Yes ☐ No
8. Have you voluntarily relinquished your hospital or ambulatory surgery center privileges for any reason? ☐ Yes ☐ No
9. Have any disciplinary actions or proceedings been initiated against you and/or are any disciplinary actions or proceedings now pending with respect to your hospital or ambulatory surgery center privileges and/or your license? ☐ Yes ☐ No
10. Have you ever been reprimanded, censured, excluded, suspended and/or disqualified from participating in Medicare, Medicaid, CHAMPUS and/or any other governmental health-related programs? ☐ Yes ☐ No

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11. Have Medicare, Medicaid, CHAMPUS, PRO authorities and/or any other third party payors brought charges against you for alleged inappropriate fees and/or quality-of-care issues? ☐ Yes ☐ No
12. Have you been denied membership and/or been subject to probation, reprimand, sanction, or have you ever been notified that you are being investigated as the possible subject of a criminal or disciplinary action by any health care organization, e.g. hospital, HMO, PPO, IPA, professional group or society, licensing board, certification board, PSRO, or PRO? ☐ Yes ☐ No
13. Have you withdrawn an application or any portion of an application for clinical privileges or staff appointment prior to a final decision? ☐ Yes ☐ No

**PROFESSIONAL LIABILITY ACTIONS**

If you answer yes to any question(s) in this section please complete FORM B. Please make copies of FORM B if needed, and complete one for each yes answer.

1. Have any professional liability judgments ever been entered against you? ☐ Yes ☐ No
2. Have any professional liability claim settlements, not involving litigation and/or arbitration, ever been paid by you and/or paid on your behalf? ☐ Yes ☐ No
3. Are there any currently pending professional liability suits, actions and/or claims alleging malpractice filed against you? ☐ Yes ☐ No
4. Has any person or entity ever been sued for your clinical actions? ☐ Yes ☐ No

**LIABILITY INSURANCE**

If you answer yes to this question please complete FORM C.

Have you ever been denied or voluntarily relinquished your professional liability insurance coverage, and/or have had your professional liability insurance coverage canceled, or non-renewed? ☐ Yes ☐ No

**CRIMINAL ACTIONS**

If you answer yes to any question(s) in this section please complete FORM D. Please make copies of FORM D if needed, and complete one for each yes answer.

1. Have you been convicted of a crime (other than a minor traffic offense) in this or any other state or country, and/or do you have any criminal charges pending other than minor traffic offenses in this state or any other state or country? ☐ Yes ☐ No

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2. Have you been the subject of a civil or criminal complaint or administrative action or been notified that you are being investigated as the possible subject at a civil, criminal or administrative action regarding sexual misconduct and or child abuse?

☐ Yes ☐ No

**MEDICAL CONDITION**

If you answer yes to this question please complete FORM E.

Do you have a medical condition, physical defect or emotional impairment which in any way impairs and/or limits your ability to practice medicine with reasonable skill and safety?

☐ Yes ☐ No

**CHEMICAL SUBSTANCES OR ALCOHOL ABUSE**

If you answer yes to any question(s) in this section please complete FORM F. Please make copies of FORM F if needed, and complete one for each yes answer.

- Are you currently engaged in illegal use of any legal or illegal substances? ☐ Yes ☐ No
- Do you currently overuse and/or abuse alcohol or any other controlled substances? ☐ Yes ☐ No
- If you use alcohol and/or chemical substances, does your use in any way impair and/or limit your ability to practice medicine with reasonable skill and safety? ☐ Yes ☐ No
- Are you currently participating in a supervised rehabilitation program and/or Professional assistance program, which monitors you for alcohol and/or substance abuse? ☐ Yes ☐ No

**INVESTMENTS**

Have you and/or a member of your family purchased or made an investment in (other than securities of a publicly traded company), or otherwise have a business interest in any clinical laboratory, diagnostic or testing center, hospital, surgeon, and/or other business dealing with the provision of ancillary health services, equipment or supplies? ☐ Yes ☐ No

If yes, please provide explanation: \_\_\_\_\_

End Credentialing and Business Data Gathering Form.

Attach Forms A-F As Required.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

**FORM A - ADVERSE AND OTHER ACTIONS**

**DUPLICATE this form as necessary to complete and separate sheet for EACH occurrence that applies. Use reverse side of this form if additional space is needed.**

Applicant Name \_\_\_\_\_

Last

First

Mt

Indicate the number of ONE of the questions in Section A to which you answered "yes"  
(Question Number) \_\_\_\_\_

- A. Describe the circumstances surrounding this occurrence. Please include the date of the occurrence  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B. Provide an explanation of any actions taken. Please include the date the action was taken  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. Provide the current status of the issue.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- D. If known: \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Telephone Number: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## DEPARTMENT OF PUBLIC HEALTH

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## FORM B - PROFESSIONAL LIABILITY ACTIONS

DUPLICATE this form as necessary to complete a separate sheet for EACH action or allegation. Use reverse side of this form if additional space is needed.

Applicant Name: Last First MI M

A. Plaintiff's Name: Last First M

B. Your Involvement in the Case (Attending, Consulting, Etc.):

C. Your Status in the Case (Sole Defendant, Co-Defendant, Ownership Interest in Provider Practice Name in Suit, Etc.):

D. Allegations, including Patient Outcome, if Available:

E. Date of Incident (mm/yy): F. Date Filed (mm/yy):

G. Date Case Closed (mm/yy):

Resolution Case:  
☐ Dismissed ☐ Judgment ☐ Arbitration ☐ Other  
☐ Settlement out of Court ☐ Pending ☐ Mediation

H. Amount Paid on Your Behalf (if any): \$

I. Professional Liability Insurer Name (if one was involved):

J. Insurer Telephone Number: ( ) K. Policy Number:

L. Insurer Address (Street, City, State, Zip Code):

Signature: Date:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

## FORM C - LIABILITY INSURANCE

DUPLICATE this form as necessary to complete a separate sheet for EACH action or allegation. Use reverse side of this form if additional space is needed.

Applicant Name: Last First MI

A. History of Professional Liability Insurance (Please check One)

☐ Canceled Voluntarily ☐ Non-Renewed  
☐ Canceled Involuntarily ☐ Application Denied

B. Carrier Name:

C. Carrier Telephone Number: ( )

D. Policy Number:

F. Carrier Address: Street City State Zip

F. Dates of Coverage: From (mm/yy): To (mm/yy):

G. Circumstances Involved:

Signature: Date:

## DEPARTMENT OF PUBLIC HEALTH

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**FORM D—CRIMINAL ACTIONS**

**DUPLICATE** this form as necessary to complete a separate sheet for **EACH** action or allegation. Use reverse side of this form if additional space is needed.

Applicant Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

- A. Date of Incident (mm/yy): \_\_\_\_\_
- B. Date of Complaint or Conviction (mm/yy): \_\_\_\_\_
- C. Date of Resolution (mm/yy): \_\_\_\_\_
- D. Type of Resolution (Dismissed, Plea Bargain, Misdemeanor, Felony): \_\_\_\_\_
- E. Allegations: \_\_\_\_\_

F. Details of Incident: \_\_\_\_\_

G. Actions Taken Against You: \_\_\_\_\_

H. Current Status of Situation: \_\_\_\_\_

I. Medical Practice Privileges Affected as a Result of This Situation \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

**FORM E—MEDICAL CONDITION**

**DUPLICATE** this form as necessary to complete a separate sheet for **EACH** action or allegation. Use reverse side of this form if additional space is needed.

Applicant Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

A. Describe this medical condition \_\_\_\_\_

B. To what extent does or could this condition affect your current ability to practice medicine in your specialty area or to perform a full range of clinical activities? \_\_\_\_\_

C. What is the current status of your condition? \_\_\_\_\_

D. Provide the name and address of your personal physician/health care provider who can provide information \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Degree \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Degree \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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E. Abstinent since (mm/yy): \_\_\_\_\_

F. Provide the name and address of your personal physician/health care provider who can provide information about your treatment for alcohol or chemical substance use and can comment on what impact (if any) it has on your current/future professional practice

Name: \_\_\_\_\_

Last

First

MI

Degree

State

Address: \_\_\_\_\_

Street

City

Telephone Number: (\_\_\_\_) \_\_\_\_\_

G. Provide the name, address, and telephone number of a professional reference who is aware of your alcohol or chemical substance use and can comment on what impact (if any) it has on your current/future professional practice

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

**FORM F – CHEMICAL SUBSTANCES OR ALCOHOL ABUSE**

**DUPLICATE this form as necessary to complete a separate sheet for EACH action or allegation. Use reverse side of this form if additional space is needed.**

Applicant Name \_\_\_\_\_

Last

First

MI

Describe the substance you use: \_\_\_\_\_

A. To what extent does, or could, your use of this substance affect your current ability to practice medicine in your specialty area or to perform a full range of clinical activities? \_\_\_\_\_

B. Monitored by State Board Mandate (Name and Address) \_\_\_\_\_ C. Monitored Voluntarily (Name and Address) \_\_\_\_\_

D. Other information about the current status of your use of substances: \_\_\_\_\_

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Name: \_\_\_\_\_  
Last First MI Suffix  
Address \_\_\_\_\_  
Street City State Zip  
Telephone Number: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED RULES

## Section 965.Appendix C Health Care Professional Update Data Gathering Form

## STATE OF ILLINOIS

## Health Care Professional Update Data Gathering Form

The Health Care Professional Credentials Data Collection Act [410 ILCS 517] requires that this form be collected from health care professionals by hospitals, health care entities, and health care plans that desire to recertify the professional. Each hospital, health care entity, and health care plan may also require completion of supplemental forms and attestations.

## INSTRUCTIONS

This form is for updating credentialing data only. Other forms are required for credentialing and for recertification.

The data marked as "Confidential Information" shall be maintained in confidence to the extent required by law. They may be used by the health care plan, entity or hospital and by their agents for credentialing and internal business purposes.

## AFFIRMATION OF INFORMATION

I represent and warrant that all of the information provided and the responses given are correct and complete to the best of my knowledge and belief. I understand that willful falsification or willful omission of information will be grounds for rejection or termination, in addition to penalties provided by law. I further agree to promptly inform all entities to which this form was sent and not rejected of any change required to be updated by the Health Care Professional Credentialing and Business Data Gathering Update Form.

I understand that this application does not entitle me to participation in any hospital or health plan.

Applicant's Signature

Type or Print Name

Date

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED RULES

## NOTIFICATION OF CHANGES

Provider's Name:

Last

First

MI

Degree

Date Completed: \_\_\_\_\_

(mm/dd/yy)

Date of Birth: \_\_\_\_\_

(mm/dd/yy)

Illinois Professional License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The following sections of the Health Care Professional Recredentialing and Business Data Gathering Form contain updated information and are attached (check as appropriate).

## ATTACHMENTS

## PRACTICE AND PROFESSIONAL INFORMATION

- Section A. General Information  
Section B. Professional Information  
Section C. Hospital Membership – Current  
Section D. Ambulatory Surgery Center Practice  
Section E. Work History  
Section F. Medical Education/Clinical Training Update  
Section G. Primary Site Information  
Section H. Additional Site Information

## PROFESSIONAL HISTORY

The updated sections are attached and the particular items updated in those sections are highlighted.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Illinois Veterans' Homes Code2) Code Citation: 77 Ill. Adm. Code 3403) Section Numbers: Proposed Action:

340.1010 Amendment

340.1115 Amendment

340.1510 Amendment

4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]

5) A. Complete Description of the Subjects and Issues Involved: The rules in Part 340 govern the licensure of veterans' homes in Illinois. Section 340.1010 (Incorporated and Referenced Materials) is being amended to incorporate federal regulations that became effective February 7, 2009. Section 340.1115 (Federal Veterans' Regulations) is also being amended to include the new federal regulations and to delete outdated references. Section 340.1510 (Communicable Disease Policies) is being amended to clarify that the involuntary transfer and discharge of a resident who has a communicable, contagious, or infectious disease must be in compliance with Article III, Part 4 of the Nursing Home Care Act.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

6) Will this Rulemaking Replace an Emergency Rulemaking Currently in Effect?  
No7) Does this Rulemaking Contain an Automatic Repeal Date? No8) Does this Rulemaking Contain Any Incorporations By Reference? No9) Are there any other Proposed Amendments Pending on this Part? Yes

If Yes:

Section Numbers	Proposed Action	Ill. Reg. Citation
340.1375	Amendment	24 Ill. Reg. 4131
340.1376	Amendment	24 Ill. Reg. 4131
340.1377	Amendment	24 Ill. Reg. 4131
340.1378	New Section	24 Ill. Reg. 4131
340.1700	Amendment	24 Ill. Reg. 4131
340.1730	New Section	24 Ill. Reg. 4131

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS  
TITLE 77: PUBLIC HEALTH  
CHAPTER 1: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER C: LONG-TERM CARE FACILITIES

PART 340  
ILLINOIS VETERANS' HOMES CODE

SUBPART A: GENERAL PROVISIONS

Section	Definitions
340.1000	Incorporated and Referenced Materials
340.1010	General Requirements
340.1110	Federal Veterans' Regulations
340.1115	Application for License
340.1120	Criteria for Adverse Licensure Actions
340.1130	Denial of Initial License
340.1140	Revocation or Denial of Renewal of License
340.1150	Inspections, Surveys, Evaluations, and Consultations
340.1160	Presentation of Findings by the Department
340.1170	Ownership Disclosure
340.1190	Monitor and Receivership
340.1200	Determination of a Violation
340.1210	Plans of Correction and Reports of Correction
340.1230	Calculation of Penalties
340.1240	Conditions for Assessment of Penalties
340.1245	Reduction or Waiver of Penalties
340.1250	Supported Congregate Living Arrangement Demonstration
340.1255	Waivers
340.1260	

SUBPART B: POLICIES AND FACILITY RECORDS

Section	Facility Policies
340.1300	Admission and Discharge Policies
340.1310	Disaster Preparedness
340.1320	Serious Incidents and Accidents
340.1330	Infection Control
340.1335	Facility Record Requirements
340.1340	Personnel Policies
340.1350	Initial Health Evaluation for Employees
340.1360	Administrator
340.1370	Personnel Requirements
340.1375	Registry of Certified Nurse Aides
340.1376	Health Care Worker Background Check
340.1377	

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS

10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing, within 45 days after this issue of the *Illinois Register*, to:

Paul Thompson, Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761  
(217/782-2043)  
{rules@idph.state.il.us}

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Paul Thompson at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

- A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected: None
- B) Reporting, Bookkeeping or Other Procedures Required for Compliance: None

C) Types of Professional Skills Necessary for Compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the need for the rulemaking was not anticipated.

The full text of the Proposed Amendments begins on the next page:



## DEPARTMENT OF PUBLIC HEALTH

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## SUBPART C: RESIDENT RIGHTS

Section  
 340.1400 Implementation of Resident Rights and Facility Responsibilities  
 340.1410 General  
 340.1420 Contract Between Resident and Facility  
 340.1430 Residents' Advisory Council  
 340.1440 Abuse and Neglect  
 340.1450 Communication and Visitation  
 340.1460 Resident's Funds  
 340.1470 Transfer or Discharge  
 340.1480 Complaint Procedures  
 340.1490 Private Right of Action

## SUBPART D: HEALTH SERVICES

Section  
 340.1500 Medical Care Policies  
 340.1505 Medical, Nursing and Restorative Services  
 340.1510 Communicable Disease Policies  
 340.1520 Tuberculin Skin Test Procedures  
 340.1530 Physician Services  
 340.1535 Dental Programs  
 340.1540 Life-Sustaining Treatments  
 340.1545 Obstetrical and Gynecological Care  
 340.1550 Nursing Personnel  
 340.1570 Personal Care  
 340.1580 Restraints  
 340.1590 None emergency Use of Physical Restraints  
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 340.1610 Unnecessary, Psychotropic, and Antipsychotic Drugs  
 340.1620 Medication Administration  
 340.1630 Self-Administration of Medication

## SUBPART E: MEDICATION ADMINISTRATION SERVICES

Section  
 340.1650 Medication Policies and Procedures  
 340.1655 Conformance with Physician's Orders  
 340.1660 Administration of Medication  
 340.1665 Control of Medication  
 340.1670 Labeling and Storage of Medication

## SUBPART F: RESIDENT LIVING SERVICES

Section  
 340.1700 Recreational and Activity Programs  
 340.1710 Social Services

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## SUBPART G: RESIDENT RECORDS

340.1720 Work Programs  
 Section  
 340.1800 Resident Record Requirements  
 340.1810 Content of Medical Record  
 340.1820 Records Pertaining to Resident's Property  
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## SUBPART H: FOOD SERVICE

Section  
 340.1900 Food Service Staff  
 340.1910 Diet Orders  
 340.1920 Meal Planning  
 340.1930 Therapeutic Diets (Repealed)  
 340.1940 Menus and Food Records  
 340.1950 Food Preparation and Service  
 340.1960 Kitchen Equipment, Utensils and Supplies

SUBPART I: PHYSICAL PLANT SERVICES,  
FURNISHINGS, EQUIPMENT AND SUPPLIES

Section  
 340.2000 Maintenance  
 340.2010 Water Supply, Sewage Disposal and Plumbing  
 340.2020 Housekeeping  
 340.2030 Laundry Services  
 340.2040 Furnishings  
 340.2050 Equipment and Supplies

340.TABLE A Heat Index Table/Apparent Temperature  
 340.TABLE B Guidelines for the Use of Various Drugs

AUTHORITY: Implementing and authorized by the Nursing Home Care Act (210 ILCS 45).

SOURCE: Emergency rule adopted at 18 Ill. Reg. 10391, effective June 21, 1994, for a maximum of 150 days; emergency rule expired November 18, 1994; adopted at 19 Ill. Reg. 5679, effective April 3, 1995; emergency amendments at 20 Ill. Reg. 496, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10045, effective July 15, 1996; amended at 20 Ill. Reg. 12013, effective September 10, 1996; amended at 22 Ill. Reg. 3959, effective February 13, 1998; amended at 22 Ill. Reg. 7162, effective April 15, 1998; amended at 23 Ill. Reg. 1038, effective January 15, 1999; amended at 23 Ill. Reg. 7931, effective July 15, 1999; amended at 24 Ill. Reg.

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effective \_\_\_\_\_,

SUBPART A: GENERAL PROVISIONS

**Section 340.1010 Incorporated and Referenced Materials**

- a) The following regulations and standards are incorporated in this Part:

1) Private and professional association standards:  
A) American Dietetic Association, Minimum Academic Requirements for American Dietetic Association Membership (1998#908), which may be obtained from the American Dietetic Association, 216 W. Jackson 430--North--Michigan-Avenue, Chicago, Illinois 60606-6995 60611.

B) National Council for Therapeutic Recreation Certification, Requirements for Therapeutic Recreation Certification (1985), which may be obtained from the National Council for Therapeutic Recreation Certification, P.O. Box 16126, Alexandria, Virginia 22302.

2) Federal government publications regulations:

A) U.S. Public Health Service, Guidelines for the Prevention and Control of Nosocomial Infections, which includes the following guidelines and may be obtained from the Center for Infectious Diseases, Centers for Disease Control, U.S. Public Health Service, Department of Health and Human Services, Atlanta, Georgia 30333.

A) Guideline for Prevention of Catheter-Associated Urinary Tract Infections (October 1981);

B) Guideline for Handwashing and Hospital Environmental Control (1985);

C) Guideline for Prevention of Intravascular Infections (October 1981);

D) Guideline for Prevention of Surgical Wound Infections (March 1982; Revised 1985);

E) Guideline for Prevention of Nosocomial Pneumonia (February 1994#1982);

F) Guideline for Isolation Precautions in Hospitals (January 1994#1984);

G) Guideline for Infection Control in Hospital Personnel (July 1983).

3) Federal regulations:

A) Definitions (38 CFR 51.2, effective February 7, 2000);

B) Resident rights (38 CFR 51.70, effective February 7, 2000);

C) Admission, transfer and discharge rights (38 CFR 51.80, effective February 7, 2000);

D) Resident behavior and facility practices (38 CFR 51.90, effective February 7, 2000);

E) Quality of life (38 CFR 51.100, effective February 7, 2000);

F) Resident assessment (38 CFR 51.110, effective February 7,

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS

2000);

G) Quality of care (38 CFR 51.120, effective February 7, 2000);

H) Nursing services (38 CFR 51.130, effective February 7,

2000);

I) Dietary services (38 CFR 51.140, effective February 7,

2000);

J) Physician services (38 CFR 51.150, effective February 7,

2000);

K) Specialized rehabilitative services (38 CFR 51.160,

effective February 7, 2000);

L) Dental services (38 CFR 51.170, effective February 7, 2000);

M) Pharmacy services (38 CFR 51.180, effective February 7,

2000);

N) Infection control (38 CFR 51.190, effective February 7,

2000);

O) Physical environment (38 CFR 51.200, effective February 7,

2000);

P) Administration (38 CFR 51.210, effective February 7, 2000);

B) General program requirements for construction and

acquisition of and equipment for State home facilities (38

CFR 17-177);

C) Domiciliary and nursing home care program (38 CFR 17-179);

D) State home hospital program (38 CFR 17-179);

B) General design guidelines and standards (38 CFR 17-183);

b) The following federal and State statutes are referenced in this Part:

1) Civil Rights Act of 1964 (42 USC 6951c, 2000e et seq.);

2) Social Security Act (42 USC 6951c, 301 et seq.);

3) Veterans' Benefits (38 USC 6951c, 101; 38 USC 6-6-6, 641 et

seq.);

4) The Illinois Dental Practice Act (111 Rev. Stat. 1993-17-117

para. 2-301 et seq.) (225 ILCS 25);

5) The Election Code (111 Rev. Stat. 1993-17-117 para. 1-1 et

seq.) (10 ILCS 5);

6) Freedom of Information Act (111 Rev. Stat. 1993-17-117 para. 2-1 et seq.) (5 ILCS 140);

7) General Not For Profit Corporation Act of 1986 (111 Rev. Stat. 1993-17-117 para. 1-1 et seq.) (805 ILCS 105);

8) Illinois Health Facilities Planning Act (111 Rev. Stat. 1993-17-117 para. 1-1 et seq.) (20 ILCS 3960);

9) The Illinois Nursing and Advanced Practice Nursing Act Act--of

1997--(111 Rev. Stat. 1993-17-117 para. 3-501 et seq.) (225

ILCS 65);

10) Illinois Occupational Therapy Practice Act (111 Rev. Stat. 1993-17-117 para. 3-701 et seq.) (225 ILCS 75);

11) Illinois Physical Therapy Act (111 Rev. Stat. 1993-17-117

para. 4-51 et seq.) (225 ILCS 90);

12) Life Care Facilities Act (111 Rev. Stat. 1993-17-117-17

para. 4-160-1 et seq.) (210 ILCS 40);

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- 13) Medical Practice Act of 1987 ~~4111--Rev--Stat--1991--ch--1117~~  
~~para--460--1--et--seq--7~~ [225 ILCS 60]; ~~Stat--1991--ch--91--1/2--para--1--160--et--seq--7~~ [405 ILCS 5];  
14) Mental Health and Developmental Disabilities Code ~~4111--Rev--Stat--1991--ch--91--1/2--para--1--160--et--seq--7~~ [405 ILCS 5];  
15) Nursing Home Administrators Licensing and Disciplinary Act ~~4111--Rev--Stat--1991--ch--111--para--361--et--seq--7~~ [225 ILCS 70];  
16) Nursing Home Care Act ~~4111--Rev--Stat--1991--ch--111--1/2--para--411--108--et--seq--7~~ [210 ILCS 45];  
17) Pharmacy Practice Act of 1987 ~~4111--Rev--Stat--1991--ch--1117~~  
~~para--4121--et--seq--7~~ [225 ILCS 85];  
18) Probate Act of 1975 ~~4111--Rev--Stat--1991--ch--110--1/2--para--1--1~~  
~~et--seq--7~~ [755 ILCS 5];  
19) ~~The Illinois Public Aid Code~~ ~~4111--Rev--Stat--1991--ch--23--para--1--1--et--seq--7~~ [305 ILCS 5].  
c) The following State of Illinois rules are referenced:  
1) Department of Public Health, Control of Communicable Diseases Code (77 Ill. Adm. Code 690);  
2) Department of Public Health, Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693);  
3) Department of Public Health, Food Service Sanitation Code (77 Ill. Adm. Code 750);  
4) Department of Public Health, Illinois Plumbing Code (77 Ill. Adm. Code 890);  
5) Department of Public Health, Private Sewage Disposal Code (77 Ill. Adm. Code 905);  
6) Department of Public Health, Drinking Water Systems Code (77 Ill. Adm. Code 900);  
7) Department of Public Health, Illinois Water Well Construction Code (77 Ill. Adm. Code 920);  
8) Department of Public Health, Illinois Water Well Pump Installation Code (77 Ill. Adm. Code 925);  
9) Department of Professional Regulation, Controlled Substances Act (77 Ill. Adm. Code 3100);  
10) Department of Alcoholism and Substance Abuse, Alcoholism and Substance Abuse Treatment, Intervention and Research Programs (77 Ill. Adm. Code 2058);  
11) Department of Public Aid, Access to Cost Reports (89 Ill. Adm. Code 140.544).  
d) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.  
All citations to federal regulations in this Part concern the specified regulation in the 1991 Code of Federal Regulations unless another date is specified.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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## Section 340.1115 Federal Veterans' Regulations

The facility shall comply with the following:

- a) Definitions (38 CFR 51.21);
  - b) Resident rights (38 CFR 51.70);
  - c) Admission, transfer and discharge rights (38 CFR 51.80);
  - d) Resident behavior and facility practices (38 CFR 51.90);
  - e) Quality of life (38 CFR 51.100);
  - f) Resident assessment (38 CFR 51.110);
  - g) Quality of care (38 CFR 51.120);
  - h) Nursing services (38 CFR 51.130);
  - i) Dietary services (38 CFR 51.140);
  - j) Physician services (38 CFR 51.150);
  - k) Specialized rehabilitation services (38 CFR 51.160);
  - l) Dental services (38 CFR 51.170);
  - m) Pharmacy services (38 CFR 51.180);
  - n) Infection control (38 CFR 51.190);
  - o) Physical environment (38 CFR 51.200); and
  - p) Administration (38 CFR 51.210).
- a) General program requirements for construction and acquisition of and equipment for State home facilities (38 CFR 17.1777;  
b) Bonifant and nursing home care program (38 CFR 17.1787;  
c) State home hospital program (38 CFR 17.1797; and  
d) General design guidelines and standards (38 CFR 17.1837;  
e) General program requirements for construction and acquisition of and equipment for State home facilities (38 CFR 17.1777;  
f) Bonifant and nursing home care program (38 CFR 17.1787;  
g) State home hospital program (38 CFR 17.1797; and  
h) General design guidelines and standards (38 CFR 17.1837;

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART D HEALTH SERVICES

## Section 340.1510 Communicable Disease Policies

- a) The facility shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act. In determining whether a transfer or discharge is authorized, the burden of proof rests on the facility. ~~until isolation can be discontinued or the person can be transferred.~~
- c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS

furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.

- d) The facility shall notify the Department no later than five working days after the date of the admission of any person with a communicable, contagious or infectious disease. The notice to the Department shall include at least the date of the admission and the nature of the condition.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Intermediate Care for the Developmentally Disabled Facilities Code

2) Code Citation: 77 Ill. Adm. Code 350

3) Section Numbers: Proposed Action: Amendment 350.1223

4) Statutory Authority: Nursing Home Care Act [210 ICs 45]

- 5) A. Complete Description of the Subjects and Issues Involved: The rules in Part 350 govern the licensure of intermediate care facilities for the developmentally disabled. Section 350.1223 is being amended to clarify that the involuntary transfer and discharge of a resident who has a communicable, contagious, or infectious disease must be in compliance with Article III, Part 4 of the Nursing Home Care Act.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

- 6) Will this Rulemaking Replace an Emergency Rulemaking Currently in Effect? No

7) Does this Rulemaking Contain an Automatic Repeal Date? No

8) Does this Rulemaking Contain Any Incorporations By Reference? No

9) Are there any other Proposed Amendments Pending on this Part? Yes

Section Numbers	Proposed Action	Ill. Reg. Citation
350.160	Amendment	24 Ill. Reg. 4816
350.290	Repealer	24 Ill. Reg. 4816
350.681	Amendment	24 Ill. Reg. 4816
350.682	New Section	24 Ill. Reg. 4816
350.820	Amendment	24 Ill. Reg. 4816
350.1050	Amendment	24 Ill. Reg. 4816
350.1055	New Section	24 Ill. Reg. 4816

- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.

11) Time, place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing, within 45 days after this issue of the *Illinois*

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

Register, to:

Paul Thompson  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761  
(217/782-2043)  
rules@idph.state.il.us

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Paul Thompson at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected: Intermediate care facilities for the developmentally disabled

B) Reporting, Bookkeeping or Other Procedures Required for Compliance:  
None

C) Types of Professional Skills Necessary for Compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the need for the rulemaking was not anticipated.

The full text of the Proposed Amendments begins on the next page:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH  
CHAPTER 1: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES

## PART 350

## INTERMEDIATE CARE FOR THE DEVELOPMENTALLY DISABLED FACILITIES CODE

## SUBPART A: GENERAL PROVISIONS

## Section

General Requirements	350.110
Application for License	350.120
Licensee	350.130
Tissuance of an Initial License for a New Facility	350.140
Tissuance of a Renewal License	350.150
Criteria for Adverse Licensure Actions	350.160
Denial of Initial License	350.170
Denial of Renewal of License	350.175
Revocation of License	350.180
Experimental Program Conflicting With Requirements	350.190
Inspections, Surveys, Evaluations and Consultation	350.200
Filing an Annual Attested Financial Statement	350.210
Information to Be Made Available to the Public By the Department	350.220
Information to Be Made Available to the Public By the Licensee	350.230
Municipal Licensing	350.240
Ownership Disclosure	350.250
Issuance of Conditional Licenses	350.260
Monitor and Receivership	350.270
Presentation of Findings	350.271
Determination to Issue a Notice of Violation or Administrative Warning	350.272
Determination of the Level of a Violation	350.274
Notice of Violation	350.276
Administrative Warning	350.277
Plans of Correction	350.278
Reports of Correction	350.280
Conditions for Assessment of Penalties	350.282
Calculation of Penalties	350.284
Determination to Assess Penalties	350.286
Reduction or Waiver of Penalties	350.288
Quarterly List of Violators	350.290
Alcoholism Treatment Programs In Long-Term Care Facilities	350.300
Department May Survey Facilities Formerly Licensed	350.310
Supported Congregate Living Arrangement Demonstration	350.315
Waivers	350.320
Definitions	350.330
Incorporated and Referenced Materials	350.340

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## SUBPART B: ADMINISTRATION

Section  
350.510

## Administrator

## SUBPART C: POLICIES

## Section

350.610 Management Policies  
 350.620 Resident Care Policies  
 350.625 Determination of Need Screening  
 350.630 Admission and Discharge Policies  
 350.640 Contract Between Resident and Facility  
 350.650 Residents' Advisory Council  
 350.660 General Policies  
 350.670 Personnel Policies  
 350.675 Initial Health Evaluation for Employees  
 350.680 Developmental Disabilities Aides  
 350.681 Health Care Worker Background Check  
 350.683 Registry of Developmental Disabilities Aides  
 350.685 Student Interns  
 350.690 Disaster Preparedness  
 350.700 Serious Incidents and Accidents

## SUBPART D: PERSONNEL

## Section

350.810 Personnel  
 350.820 Consultation Services  
 350.830 Personnel Policies

## SUBPART E: RESIDENT LIVING SERVICES

## Section

350.1010 Service Programs  
 350.1020 Psychological Services  
 350.1030 Social Services  
 350.1040 Speech Pathology and Audiology Services  
 350.1050 Recreational and Activities Services  
 350.1060 Training and Habilitation Services  
 350.1070 Training and Habilitation Staff  
 350.1080 Restraints  
 350.1082 Nonemergency Use of Physical Restraints  
 350.1084 Emergency Use of Physical Restraints  
 350.1086 Unnecessary, Psychotropic and Antipsychotic Drugs

## SUBPART F: HEALTH SERVICES

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## SUBPART G: MEDICATIONS

## Section

350.1210 Health Services  
 350.1220 Physician Services  
 350.1223 Communicable Disease Policies  
 350.1225 Tuberculin Skin Test Procedures  
 350.1230 Nursing Services  
 350.1235 Life-Sustaining Treatments  
 350.1240 Dental Services  
 350.1250 Physical and Occupational Therapy Services

## SUBPART H: RESIDENT AND FACILITY RECORDS

## Section

350.1410 Medication Policies and Procedures  
 350.1420 Conformance with Physician's Orders  
 350.1430 Administration of Medication  
 350.1440 Labeling and Storage  
 350.1450 Control of Narcotics and Legend Drugs

## SUBPART I: FOOD SERVICE

## Section

350.1610 Resident Record Requirements  
 350.1620 Content of Medical Records  
 350.1630 Confidentiality of Resident's Records  
 350.1640 Records Pertaining to Residents' Property  
 350.1650 Retention and Transfer of Resident Records  
 350.1660 Other Resident Record Requirements  
 350.1670 Staff Responsibility for Medical Records  
 350.1680 Retention of Facility Records  
 350.1690 Other Facility Record Requirements

## SUBPART J: MAINTENANCE, HOUSEKEEPING AND LAUNDRY

## Section

350.1810 Director of Food Services  
 350.1820 Dietary Staff in Addition to Director of Food Services  
 350.1830 Hygiene of Dietary Staff  
 350.1840 Diet Orders  
 350.1850 Meal Planning  
 350.1860 Therapeutic Diets (Repealed)  
 350.1870 Scheduling Meals  
 350.1880 Menu and Food Records  
 350.1890 Food Preparation and Service  
 350.1900 Food Handling Sanitation  
 350.1910 Kitchen Equipment, Utensils, and Supplies



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Section	
350.2010	Maintenance
350.2020	Housekeeping
350.2030	Laundry Services

## SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES

Section	
350.2210	Furnishings
350.2220	Equipment and Supplies

## SUBPART L: WATER SUPPLY AND SEWAGE DISPOSAL

Section	
350.2410	Codes
350.2420	Water Supply
350.2430	Sewage Disposal
350.2440	Plumbing

## SUBPART M: CONSTRUCTION STANDARDS FOR NEW INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED

Section	
350.2610	Applicability of These Standards
350.2620	Codes and Standards
350.2630	Preparation of Drawings and Specifications
350.2640	Site
350.2650	Administration and Public Areas
350.2660	Nursing Unit
350.2670	Dining, Living, Activities Rooms
350.2680	Therapy and Personal Care
350.2690	Service Departments
350.2700	General Building Requirements
350.2710	Structural
350.2720	Mechanical Systems
350.2730	Plumbing Systems
350.2740	Electrical Systems

## SUBPART N: CONSTRUCTION STANDARDS FOR EXISTING INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED

Section	
350.2910	Applicability
350.2920	Codes and Standards
350.2930	Preparation of Drawings and Specifications
350.2940	Site
350.2950	Administration and Public Areas
350.2960	Nursing Unit

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350.2970	Living, Dining, Activities Rooms
350.2980	Treatment and Personal Care
350.2990	Service Departments
350.3000	General Building Requirements
350.3010	Structural
350.3020	Mechanical Systems
350.3030	Plumbing Systems
350.3040	Electrical Requirements

## SUBPART O: RESIDENT'S RIGHTS

Section	
350.3210	General
350.3220	Medical and Personal Care Program
350.3230	Restraints
350.3240	Abuse and Neglect
350.3250	Communication and Visitation
350.3260	Resident's Funds
350.3270	Residents' Advisory Council
350.3280	Contract With Facility
350.3290	Private Right of Action
350.3300	Transfer or Discharge
350.3310	Complaint Procedures
350.3320	Confidentiality
350.3330	Facility Implementation

## SUBPART P: SPECIAL STANDARDS FOR INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED OF 16 BEDS OR LESS

Section	
350.3710	Applicability of Other Provisions of this Part
350.3720	Administration
350.3730	Admission and Discharge Policies
350.3740	Personnel
350.3750	Consultation Services and Nursing Services
350.3760	Medication Policies
350.3770	Food Services
350.3780	Codes and Standards
350.3790	Administration and Public Areas
350.3800	Bedrooms
350.3810	Nurses Station
350.3820	Bath and Toilet Rooms
350.3830	Utility Rooms
350.3840	Living, Dining, Activity Rooms
350.3850	Therapy and Personal Care
350.3860	Kitchen
350.3870	Laundry Room
350.3880	General Building Requirements

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## Corridors

350.3890 Special Care Room  
 350.3900 Exit Facilities and Subdivision of Floor Areas  
 350.3910 Stairways, Vertical Openings and Doorways  
 350.3920 Hazardous Areas and Combustible Storage  
 350.3930 Mechanical Systems  
 350.3940 Heating, Cooling, and Ventilating Systems  
 350.3950 Plumbing Systems  
 350.3960 Electrical Systems  
 350.3970 Fire Alarm and Detection System  
 350.3980 Emergency Electrical System  
 350.3990 Fire Protection  
 350.4000 Construction Types  
 350.4010 Equivalencies  
 350.4020 New Construction Requirements  
 350.4030

## SUBPART Q: DAY CARE PROGRAMS

## Section

350.4210 Day Care in Long-Term Care Facilities

APPENDIX A Classification of Distinct Part of a Facility for Different Levels of Service (Repealed)  
 APPENDIX B Federal Requirements Regarding Residents' Rights (Repealed)  
 APPENDIX C Seismic Zone Map  
 APPENDIX D Forms for Day Care in Long-Term Care Facilities  
 APPENDIX E Guidelines for the Use of Various Drugs  
 TABLE A Sound Transmission Limitations in New Intermediate Care Facilities for the Developmentally Disabled  
 TABLE B Pressure Relationships and Ventilation Rate of Certain Areas for the New Intermediate Care Facilities for the Developmentally Disabled  
 TABLE C Construction Types and Sprinkler Requirements for Existing Intermediate Care Facilities for the Developmentally Disabled  
 TABLE D Food Service Sanitation Rules and Regulations, 77 Ill. Adm. Code  
 TABLE E Developmentally Disabled of New Intermediate Care Facilities for the Developmentally Disabled of Sixteen (16) Beds or Less  
 TABLE F Heat Index Table/Apparent Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 495, effective March 1, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 30, p. 1, effective July 28, 1980; amended at 5 Ill. Reg. 1657, effective February 4, 1981; amended

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6453, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14544, effective November 8, 1982; amended at 6 Ill. Reg. 14675, effective November 15, 1982; amended at 6 Ill. Reg. 15556, effective December 15, 1982; amended at 7 Ill. Reg. 278, effective December 22, 1982; amended at 7 Ill. Reg. 1919 and 1945, effective January 28, 1983; amended at 7 Ill. Reg. 7963, effective July 1, 1983; amended at 7 Ill. Reg. 15817, effective November 15, 1983; amended at 7 Ill. Reg. 16984, effective December 14, 1983; amended at 8 Ill. Reg. 15574 and 15578 and 15581, effective August 15, 1984; amended at 8 Ill. Reg. 15935, effective August 17, 1984; amended at 8 Ill. Reg. 16980, effective September 5, 1984; codified at 8 Ill. Reg. 19806; amended at 8 Ill. Reg. 24214, effective November 29, 1984; amended at 8 Ill. Reg. 24680, effective December 7, 1984; amended at 9 Ill. Reg. 142, effective December 26, 1984; amended at 9 Ill. Reg. 331, effective December 28, 1984; amended at 9 Ill. Reg. 2964, effective February 25, 1985; amended at 9 Ill. Reg. 10876, effective July 1, 1985; amended at 11 Ill. Reg. 14795, effective October 1, 1987; amended at 11 Ill. Reg. 16830, effective October 1, 1987; amended at 12 Ill. Reg. 979, effective December 24, 1987; amended at 12 Ill. Reg. 16838, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6040, effective April 17, 1989; amended at 13 Ill. Reg. 19451, effective December 1, 1989; amended at 14 Ill. Reg. 14876, effective October 1, 1990; amended at 15 Ill. Reg. 466, effective January 1, 1991; amended at 16 Ill. Reg. 594, effective January 1, 1992; amended at 16 Ill. Reg. 13910, effective September 1, 1992; amended at 17 Ill. Reg. 2331, effective February 10, 1993; emergency amendment at 17 Ill. Reg. 2373, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 7948, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; emergency amendment at 17 Ill. Reg. 9105, effective June 7, 1993, for a maximum of 150 days; emergency expired on November 4, 1993; amended at 17 Ill. Reg. 15056, effective September 3, 1993; amended at 17 Ill. Reg. 16153, effective January 1, 1994; amended at 17 Ill. Reg. 19210, effective October 26, 1993; amended at 17 Ill. Reg. 19517, effective November 4, 1993; amended at 17 Ill. Reg. 21017, effective November 20, 1993; amended at 18 Ill. Reg. 15789, effective October 15, 1994; amended at 19 Ill. Reg. 11481, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 512, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10065, effective July 15, 1996; amended at 20 Ill. Reg. 12049, effective September 10, 1996; amended at 21 Ill. Reg. 14990, effective November 15, 1997; amended at 22 Ill. Reg. 4040, effective February 13, 1998; amended at 22 Ill. Reg. 7172, effective April 15, 1998; amended at 22 Ill. Reg. 16557, effective September 18, 1998; amended at 23 Ill. Reg. 1052, effective January 15, 1999; amended at 23 Ill. Reg. 7970, effective July 15, 1999; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART F: HEALTH SERVICES

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS

Section 350-1223 Communicable Disease Policies

- a) The facility shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- b) The facility shall not knowingly admit a person with a communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, except as allowed in subsection (d) of this Section. A resident who is suspected of or diagnosed as having any such disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act. In determining whether a transfer or discharge is authorized, the burden of proof rests on the facility. ~~until isolation can be discontinued--or--the person can be transferred.~~
- c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall also inform the Department of all incidents of scabies and other skin infestations.
- d) Admission of Persons with Communicable, Contagious, or Infectious Diseases.

1) Persons with communicable, contagious, or infectious diseases may be admitted under the following conditions:

- A) When a person's infectious condition is directly related to one or more chronic pressure sores, from which laboratory tests have proven the presence of a pathogenic organism. Such a person may be admitted if the facility is capable of implementing appropriate treatment and isolation techniques to avoid secondary spread of infection.
  - B) When a person's condition is communicable, contagious, or infectious only through blood or other body fluid contact, such as hepatitis, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV) infection.
- 2) The facility shall notify the Department no later than five working days after the date of the admission of any person with a communicable, contagious, or infectious disease under subsection (d)(1) of this Section. The notice to the Department shall include at least the date of the admission and the nature of the condition.
- 3) Written approval to admit or keep a person with other communicable, contagious, or infectious diseases may be granted by the Department on an individual case basis. Such approval will depend upon the nature of the infectious condition or disease and the capability of the facility to provide proper care

to the person and to safeguard the staff and other residents of the facility from the spread of primary and secondary infections.

e) Infection control: Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. A group, either an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code. Activities shall be monitored to ensure that these policies and procedures are followed.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Long-Term Care Assistants and Aides Training Programs Code

2) Code Citation: 77 Ill. Adm. Code 395

3) Section Numbers: Proposed Action:  
395.160 Amendment

4) Statutory Authority: Nursing Home Care Act (210 ILCS 45)

5) A Complete Description of the Subjects and Issues Involved: The rules in Part 395 prescribe requirements for training programs for nursing assistants, developmental disabilities aides and child care habilitation aides. Section 395.160 (Instructor Requirements) is being amended to delete the requirement that an instructor cannot hold a provisional teaching certificate.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

6) Will this Rulemaking Replace an Emergency Rulemaking Currently in Effect?  
No

7) Does this Rulemaking Contain an Automatic Repeal Date? No

8) Does this Rulemaking Contain Any Incorporations By Reference? No

9) Are there any other Proposed Amendments Pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing, within 45 days after this issue of the *Illinois Register*, to:

Paul Thompson, Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761  
(217/782-2043)  
[rules@dph.state.il.us]

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Paul Thompson at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected: Nursing homes, community colleges, or school districts that operate nurse aide training programs.

B) Reporting, Bookkeeping or Other Procedures Required for Compliance:  
None

C) Types of Professional Skills Necessary for Compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the Department's two most recent regulatory agendas because: the need for the rulemaking was not anticipated.

The full text of the Proposed Amendments begins on the next page:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

TITLE 71: PUBLIC HEALTH  
CHAPTER 1: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES

## PART 395

## LONG-TERM CARE ASSISTANTS AND AIDES TRAINING PROGRAMS CODE

## SUBPART A: PROGRAM APPLICATION AND APPROVAL PROCESS

## Section

- 395.50 Definitions  
395.100 Program Sponsor  
395.110 Application for Program Approval  
395.110 Review Process and Program Approval  
395.120 Review of Approved Training Program  
395.130 Inactive Status  
395.140 Minimum Hours of Instruction  
395.150 Instructor Requirements  
395.160 Program Operation  
395.170 Successful Completion of the Basic Nursing Assistant Training Program  
395.173 Successful Completion of the Developmental Disabilities Aide or Basic Child Care/Habilitation Aide Training Program  
395.174 Child Care/Habilitation Aide Training Program  
395.175 Program Notification Requirements  
395.180 Department Monitoring (Repealed)  
395.190 Denial, Suspension, and Revocation of Program Approval  
395.200 Other Programs Conducted by Facilities (Repealed)

## SUBPART B: TRAINING PROGRAM CURRICULA REQUIREMENTS

## Section

- 395.300 Basic Nursing Assistant Training Program  
395.310 Developmental Disabilities Aide Training Program  
395.320 Basic Child Care/Habilitation Aide Training Program

## SUBPART C: PROFICIENCY EXAMINATION

## Section

- 395.400 Proficiency Examination

**AUTHORITY:** Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

**SOURCE:** Adopted at 13 Ill. Reg. 19474, effective December 1, 1989; amended at 17 Ill. Reg. 2984, effective February 22, 1993; emergency amendment at 20 Ill. Reg. 529, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10085, effective July 15, 1996; amended at 22 Ill. Reg. 4057, effective February 13, 1998; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

## SUBPART A: PROGRAM APPLICATION AND APPROVAL PROCESS

## Section 395.160 Instructor Requirements

- a) Requirements for Instructors in a Basic Nursing Assistant Program or a Basic Child Care/Habilitation Aide Training Program  
1) Each course instructor shall be a registered nurse with a minimum of two years nursing experience, who has no other duties while engaged in the training program. Instructors shall be required to have one year of experience as a registered nurse in one or both of the following areas:  
A) Teaching an accredited nurse's training program.  
B) Caring for the elderly or for the chronically ill of any age through employment in a nursing facility, extended care unit, geriatrics department, chronic care unit, hospice, swing bed unit of a hospital, or other long-term care setting.  
2) Each theory course instructor shall also possess at least one of the following qualifications:  
A) A valid Illinois teaching certificate ~~(not a Provisional certificate)~~.  
B) A certificate indicating completion of a Department approved train the trainer workshop/program.  
C) Evidence of at least one semester of formal teaching experience.  
D) College coursework during the previous six years, which includes at least one course in teaching/learning principles, curriculum development, teaching methods, or instructional techniques.  
b) Requirements for Instructors of the Alzheimer's Disease and Related Dementias (Section 395.300(r) through (z)) Portions of a Basic Nursing Assistant Program  
1) Each instructor shall be a registered nurse, who has no other duties while engaged in the training program.  
2) Each instructor shall also possess at least one of the following qualifications:  
A) At least one year of experience providing services for patients with Alzheimer's disease and related dementias and at least one semester of formal teaching experience.  
B) Documentation of completion of a specialized workshop, course, seminar or other training for instruction in Alzheimer's disease and related dementias.  
c) Requirements for Instructors in a Developmental Disabilities Aide Training Program  
1) The curriculum coordinator monitors the Developmental Disabilities Aide Training Program and ensures that instructors are qualified and are instructing the program as required.  
2) Each program instructor of theory shall meet at least one of the

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS

following:

- A) Be a Qualified Mental Retardation Professional with at least one year of experience with developmental disabilities programs;
- B) Have a valid Illinois teaching certificate with at least one year of experience with developmental disabilities programs;
- C) Be a community college or college instructor with at least one year of teaching experience and familiarization with developmental disabilities programs;
- D) Be a registered nurse with at least one year of experience with developmental disabilities programs.
- d) Supplemental Instructors (Special Content Instructor) in a Basic Nursing Assistant Program and Developmental Disabilities Aide Program must have at least one year experience in their fields of expertise. These would include, but not be limited to, registered nurses, licensed practical nurses, pharmacists, dieticians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and resident rights experts. (42 CFR 483.152(a)(5)(iv))

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.)

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Long-Term Care for Under Age 22 Facilities Code
- 2) Code Citation: 77 Ill. Adm. Code 390
- 3) Section Numbers: Proposed Action:  
390.1020 Amendment
- 4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]
- 5) A Complete Description of the Subjects and Issues Involved: The rules in Part 390 govern the licensure of long-term care facilities for persons under age 22. Section 390.1020 (Medical Services) is being amended to clarify that the involuntary transfer and discharge of a resident who has a communicable, contagious, or infectious disease must be in compliance with Article III, Part 4 of the Nursing Home Care Act.  
  
The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.  
  
The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.
- 6) Will this Rulemaking Replace an Emergency Rulemaking Currently in Effect?  
No
- 7) Does this Rulemaking Contain an Automatic Repeal Date? No
- 8) Does this Rulemaking Contain Any Incorporations By Reference? No
- 9) Are there any other Proposed Amendments Pending on this Part? Yes  

Section Numbers	Proposed Action	Ill. Reg. Citation
390.160	Amendment	24 Ill. Reg. 4843
390.290	Repealer	24 Ill. Reg. 4843
390.681	Amendment	24 Ill. Reg. 4843
390.682	New Section	24 Ill. Reg. 4843
- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.
- 11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing, within 45 days after this issue of the *Illinois Register*, to:



DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS

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TITLE 77: PUBLIC HEALTH  
CHAPTER 1: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER C: LONG-TERM CARE FACILITIES

PART 390  
LONG-TERM CARE FOR UNDER AGE 22 FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

Section	390.110	General Requirements
	390.112	Application for License
	390.113	License
	390.114	Issuance of an Initial License for a New Facility
	390.115	Issuance of an Initial License Due to a Change of Ownership
	390.116	Issuance of a Renewal License
	390.165	Criteria for Adverse License Actions
	390.170	Denial of Initial License
	390.175	Denial of Renewal of License
	390.180	Revocation of License
	390.190	Experimental Program Conflicting With Requirements
	390.200	Inspections, Surveys, Evaluations and Consultation
	390.210	Filing an Annual Attested Financial Statement
	390.220	Information to Be Made Available to the Public by the Department
	390.230	Information to Be Made Available to the Public By the Licensee
	390.240	Municipal Licensing
	390.250	Ownership Disclosure
	390.260	Issuance of Conditional Licenses
	390.270	Monitor and Receivership
	390.271	Presentation of Findings
	390.272	Determination to Issue a Notice of Violation or Administrative Warning
	390.274	Determination of the Level of a Violation
	390.276	Notice of Violation
	390.277	Administrative Warning
	390.278	Plans of Correction
	390.280	Reports of Correction
	390.282	Conditions for Assessment of Penalties
	390.284	Calculation of Penalties
	390.286	Determination to Assess Penalties
	390.288	Reduction or Waiver of Penalties
	390.290	Quarterly List of Violators
	390.300	Alcoholism Treatment Programs in Long-Term Care Facilities
	390.310	Department May Survey Facilities Formerly Licensed
	390.315	Supported Congregate Living Arrangement Demonstration
	390.320	Waivers
	390.330	Definitions
	390.340	Incorporated and Referenced Materials

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Paul Thompson at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

- A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected: Long-term care facilities for persons under age 22
  - B) Reporting, Bookkeeping or Other Procedures Required for Compliance: None
  - C) Types of Professional Skills Necessary for Compliance: None
- 13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the need for the rulemaking was not anticipated.

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENTS  
SUBPART B: ADMINISTRATION

Section 390.500	Administrator
SUBPART C: POLICIES	
Section	Management Policies
390.610	Resident Care Policies
390.620	Admission and Discharge Policies
390.630	Contract Between Resident and Facility
390.640	Residents' Advisory Council
390.650	General Policies
390.660	Personnel Policies
390.670	Initial Health Evaluation for Employees
390.680	Child Care/Habilitation Aides
390.681	Health Care Worker Background Check
390.682	Registry of Child Care/Habilitation Aides
390.683	Student Interns
390.685	Disaster Preparedness
390.690	Serious Incidents and Accidents
390.700	
SUBPART D: PERSONNEL	
Section	General
390.810	Categories of Personnel
390.820	Consultation Services
390.830	
SUBPART E: HEALTH AND DEVELOPMENTAL SERVICES	
Section	Service Programs
390.1010	Medical Services
390.1020	Life-Sustaining Treatments
390.1025	Physician Services
390.1030	Tuberculin Skin Test Procedures
390.1035	Nursing Services
390.1040	Dental Care Services
390.1050	Physical and Occupational Therapy Services
390.1060	Psychological Services
390.1070	Social Services
390.1080	Speech Pathology and Audiology Services
390.1090	Recreational and Activity Services
390.1100	Educational Services
390.1110	Work Activity and Prevocational Training Services
390.1120	

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SUBPART F: RESTRAINTS AND BEHAVIOR  
MANAGEMENT

Section	Restraints
390.1310	Nonemergency Use of Physical Restraints
390.1312	Emergency Use of Physical Restraints
390.1314	Unnecessary, Psychotropic, and Antipsychotic Drugs
390.1316	Behavior Management
390.1320	Behavior Emergencies (Repealed)
390.1330	
SUBPART G: MEDICATIONS	
Section	Medication Policies and Procedures
390.1410	Conformance with Physician's Orders
390.1420	Administration of Medication
390.1430	Labeling and Storage of Medications
390.1440	Control of Narcotics and Legend Drugs
390.1450	
SUBPART H: RESIDENT AND FACILITY RECORDS	
Section	Resident Record Requirements
390.1610	Content of Medical Records
390.1620	Confidentiality of Resident's Records
390.1630	Records Pertaining to Residents' Property
390.1640	Retention and Transfer of Resident Records
390.1650	Other Resident Record Requirements
390.1660	Staff Responsibility for Medical Records
390.1670	Retention of Facility Records
390.1680	Other Facility Record Requirements
390.1690	
SUBPART I: FOOD SERVICE	
Section	Director of Food Services
390.1810	Dietary Staff in Addition to Director of Food Services
390.1820	Hygiene of Dietary Staff
390.1830	Diet Orders
390.1840	Meal Planning
390.1850	Infant and Therapeutic Diets
390.1860	Scheduling Meals
390.1870	Menus and Food Records
390.1880	Food Preparation and Service
390.1890	Preparation of Infant Formula
390.1900	Food Handling Sanitation
390.1910	Kitchen Equipment, Utensils, and Supplies
390.1920	

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## SUBPART J: MAINTENANCE, HOUSEKEEPING, AND LAUNDRY

## Section

390.2010

Maintenance

390.2020

Housekeeping

390.2030

Laundry Services

## SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES

## Section

390.2210

Furnishings

390.2220

Equipment and Supplies

390.2230

Sterilization of Supplies and Equipment

## SUBPART L: WATER SUPPLY AND SEWAGE DISPOSAL

## Section

390.2410

Codes

390.2420

Water Supply

390.2430

Sewage Disposal

390.2440

Plumbing

## SUBPART M: DESIGN AND CONSTRUCTION STANDARDS FOR NEW FACILITIES

## Section

390.2610

Applicability of these Standards

390.2620

Codes and Standards

390.2630

Preparation of Drawings and Specifications

390.2640

Site

390.2650

Administration and Public Areas

390.2660

Nursing Unit

390.2670

Dining, Play, Activity/Program Rooms

390.2680

Therapy and Personal Care

390.2690

Service Departments

390.2700

General Building Requirements

390.2710

Structural

390.2720

Mechanical Systems

390.2730

Plumbing Systems

390.2740

Electrical Systems

## SUBPART N: DESIGN AND CONSTRUCTION STANDARDS FOR EXISTING FACILITIES

## Section

390.2910

Applicability

390.2920

Codes and Standards

390.2930

Preparation of Drawings and Specifications

390.2940

Site

390.2950

Administration and Public Areas

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

## Nursing Unit

390.2960

Play, Dining, Activity/Program Rooms

390.2970

Treatment and Personal Care

390.2980

Service Department

390.2990

General Building Requirements

390.3000

Structural

390.3010

Mechanical Systems

390.3020

Plumbing Systems

390.3030

Electrical Requirements

390.3040

Electrical Requirements

## SUBPART O: RESIDENT'S RIGHTS

## Section

390.3210

General

390.3220

Medical and Personal Care Program

390.3230

Restraints

390.3240

Abuse and Neglect

390.3250

Communication and Visitation

390.3260

Residents' Funds

390.3270

Residents' Advisory Council

390.3280

Contract With Facility

390.3290

Private Right of Action

390.3300

Transfer or Discharge

390.3310

Complaint Procedures

390.3320

Confidentiality

390.3330

Facility Implementation

## SUBPART P: DAY CARE PROGRAMS

## Section

390.3510

Day Care in Long-Term Care Facilities

## APPENDIX A

Interpretation and Illustrative Services for Long-Term Care

APPENDIX B

Forms for Residents Under 22 Years of Age (Repealed)

APPENDIX C

Guidelines for the Use of Various Drugs

TABLE A

Infant Feeding

TABLE B

Daily Nutritional Requirements By Age Group

TABLE C

Sound Transmissions Limitations

TABLE D

Pressure Relationships and Ventilation Rates of Certain Areas for

New Long-Term Care Facilities for Persons Under Twenty-Two (22)

Years of Age

TABLE E

Sprinkler Requirements

TABLE F

Heat Index Table/Apparent Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

**SOURCE:** Adopted at 6 Ill. Reg. 1658, effective February 1, 1982; emergency amendment at 6 Ill. Reg. 3223, effective March 8, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11622, effective September 14, 1982; amended at 6 Ill. Reg. 14557 and 14560, effective November 8, 1982; amended at 6 Ill. Reg. 14678, effective November 15, 1982; amended at 7 Ill. Reg. 282, effective December 22, 1982; amended at 7 Ill. Reg. 1927, effective January 28, 1983; amended at 7 Ill. Reg. 8574, effective July 11, 1983; amended at 7 Ill. Reg. 15821, effective November 15, 1983; amended at 7 Ill. Reg. 16988, effective December 14, 1983; amended at 8 Ill. Reg. 15585, 15589, and 15592, effective August 15, 1984; amended at 8 Ill. Reg. 16989, effective September 5, 1984; codified at 8 Ill. Reg. 19023; amended at 8 Ill. Reg. 24159, effective November 29, 1984; amended at 8 Ill. Reg. 24656, effective December 7, 1984; amended at 8 Ill. Reg. 25083, effective December 14, 1984; amended at 9 Ill. Reg. 122, effective December 26, 1984; amended at 9 Ill. Reg. 10785, effective July 1, 1985; amended at 10 Ill. Reg. 16782, effective October 1, 1987; amended at 12 Ill. Reg. 931, effective December 24, 1987; amended at 12 Ill. Reg. 16760, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6301, effective April 17, 1989; amended at 13 Ill. Reg. 19521, effective December 1, 1989; amended at 14 Ill. Reg. 14904, effective October 1, 1990; amended at 15 Ill. Reg. 1878, effective January 25, 1991; amended at 16 Ill. Reg. 623, effective January 1, 1992; amended at 16 Ill. Reg. 14329, effective September 3, 1992; emergency amendment at 17 Ill. Reg. 2390, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 7974, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15073, effective September 3, 1993; amended at 17 Ill. Reg. 16167, effective January 1, 1994; amended at 17 Ill. Reg. 19235, effective October 26, 1993; amended at 17 Ill. Reg. 19547, effective November 4, 1993; amended at 17 Ill. Reg. 21031, effective November 20, 1993; amended at 18 Ill. Reg. 1453, effective January 14, 1994; amended at 18 Ill. Reg. 15807, effective October 15, 1994; amended at 19 Ill. Reg. 11525, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 535, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10106, effective July 15, 1996; amended at 20 Ill. Reg. 12101, effective September 10, 1996; amended at 22 Ill. Reg. 4062, effective February 13, 1998; amended at 22 Ill. Reg. 7188, effective April 15, 1998; amended at 22 Ill. Reg. 16576, effective September 18, 1998; amended at 23 Ill. Reg. 1069, effective January 15, 1999; amended at 23 Ill. Reg. 8021, effective July 15, 1999; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART E: HEALTH AND DEVELOPMENTAL SERVICES

## Section 390.1020 Medical Services

## a) General Medical Services

- 1) The facility shall have a written program of medical services approved in writing by the medical advisory committee that

## DEPARTMENT OF PUBLIC HEALTH

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- reflects the philosophy of care provided, the policies relating to this, and the procedures for implementation of the services. The program shall include the entire complex of services provided by the facility and the arrangements to effect transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of at least a physician.
- 2) A medical advisory committee composed of at least a physician, administrator and the director of nursing shall be responsible for advising the administrator and the licensee on the overall medical management of the residents and the staff in the facility. If the facility employs a house physician, the physician shall be a member of this committee. The written program of medical services shall also include the structure and function of the medical advisory committee.
  - b) Medical Emergencies
    - 1) The medical advisory committee shall develop policies and procedures to be followed during medical emergencies including, but not limited to, foreign body aspiration, poisoning, acute trauma (fractures, burns, and lacerations), cardiac arrest, acute coronary, acute cardiac failure, asthmatic or allergic reactions, acute convulsion, shock, diabetic coma, insulin shock, and acute respiratory distress.
    - 2) The facility shall maintain in a suitable location the equipment necessary to be used during emergencies, including, but not limited to, a portable oxygen kit, including a face mask or cannula; an airway; and tongue blades.
    - 3) At least one staff person shall be on duty at all times who has been properly trained to handle medical emergencies.
  - c) Communicable Disease Policies
    - 1) The facility shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
    - 2) The facility shall not knowingly admit a person with a communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, except as allowed in subsection (c)(4) of this Section. A resident who is suspected of or diagnosed as having any such disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act. In determining whether a transfer or discharge is authorized, the burden of proof rests on the facility. ~~until isolation can be discontinued or the person can be transferred.~~
    - 3) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

The facility shall furnish all pertinent information relating to such occurrences. The facility shall also inform the Department of all incidents of scabies and other skin infestations.

4) Admission of Persons with Communicable, Contagious, or Infectious Diseases

A) Persons with communicable, contagious, or infectious diseases may be admitted under the following conditions:

i) When a person's infectious condition is directly related to one or more chronic pressure sores, from which laboratory tests have proven the presence of a pathogenic organism. Such a person may be admitted if the facility is capable of implementing appropriate treatment and isolation techniques to avoid secondary spread of infection.

ii) When a person's condition is communicable, contagious, or infectious only through blood or other body fluid contact, such as hepatitis, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV) infection.

B) The facility shall notify the Department no later than five working days after the date of the admission of any person with a communicable, contagious, or infectious disease under subsection (c)(4)(A) of this Section. The notice to the Department shall include at least the date of the admission and the nature of the condition.

C) Written approval to admit or keep a person with other communicable, contagious or infectious diseases may be granted by the Department on an individual case basis. Such approval will depend upon the nature of the infectious condition or disease and the capability of the facility to provide proper care to the person and to safeguard the staff and other residents of the facility from the spread of primary and secondary infections.

d) Infection Control

1) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. A group, either an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code. Activities shall be monitored to ensure that these policies and procedures are followed.

2) Each facility shall adhere to the recommendations of the U.S. Public Health Service contained in the publication entitled "Guidelines for the Prevention and Control of Nosocomial Infections". This publication may be obtained from the Center for

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## NOTICE OF PROPOSED AMENDMENTS

Infectious Diseases, Centers for Disease Control, U.S. Public Health Service, Department of Health and Human Services, Atlanta, Georgia 30333. This publication includes the following guidelines:

- A) "Guidelines for Prevention of Catheter-Associated Urinary Tract Infections" (October 1981).
- B) "Guidelines for Handwashing and Hospital Environmental Control" (1985).
- C) "Guidelines for Prevention of Intravascular Infections" (October 1981).
- D) "Guideline for Prevention of Surgical Wound Infections" (March 1982, Revised 1985).
- E) "Guideline for Prevention of Nosocomial Pneumonia" (February 1984).
- F) "Guideline for Isolation Precautions in Hospitals" (January 1986).
- G) "Guideline for Infection Control in Hospital Personnel" (July 1983).

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Sheltered Care Facilities Code
- 2) Code Citation: 77 Ill. Adm. Code 330
- 3) Section Numbers: Proposed Action:  
330.1130 Amendment
- 4) Statutory Authority: Nursing Home Care Act [210 ICS 45]
- 5) A Complete Description of the Subjects and Issues Involved: The rules in Part 330 govern the licensure of sheltered care facilities. Section 330.1130 is being amended to clarify that the involuntary transfer and discharge of a resident who has a communicable, contagious, or infectious disease must be in compliance with Article III, Part 4 of the Nursing Home Care Act.
- The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.
- The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.
- 6) Will this Rulemaking Replace an Emergency Rulemaking Currently in Effect? No
- 7) Does this Rulemaking Contain an Automatic Repeal Date? No
- 8) Does this Rulemaking Contain Any Incorporations By Reference? No
- 9) Are there any other Proposed Amendments Pending on this Part? Yes

Section Numbers:	Proposed Action:	Ill. Reg. Citation:
330.160	Amendment	24 Ill. Reg. 4864
330.290	Repealer	24 Ill. Reg. 4864
330.911	Amendment	24 Ill. Reg. 4864
330.1310	Amendment	24 Ill. Reg. 4864
330.1340	New Section	24 Ill. Reg. 4864
APPENDIX D	Repealer	24 Ill. Reg. 4864

- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.

- 11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing, within 45 days after this issue of the *Illinois Register*, to:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

Paul Thompson  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761  
(217/782-2043)  
rules@dph.state.il.us

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 3-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Paul Thompson at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected: Sheltered care facilities

B) Reporting, Bookkeeping or Other Procedures Required for Compliance: None

C) Types of Professional Skills Necessary for Compliance: None

- 13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because the need for the rulemaking was not anticipated.

The full text of the Proposed Amendments begins on the next page:



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH  
CHAPTER 1: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 330  
SHELTERED CARE FACILITIES CODE  
SUBPART A: GENERAL PROVISIONS

Section	
330.110	General Requirements
330.120	Application for License
330.130	Licensee
330.140	Issuance of an Initial License For a New Facility
330.150	Issuance of an Initial License Due to a Change of Ownership
330.160	Issuance of a Renewal License
330.165	Criteria for Adverse License Actions
330.170	Denial of Initial License
330.175	Denial of Renewal of License
330.180	Revocation of License
330.190	Experimental Program Conflicting With Requirements
330.200	Inspections, Surveys, Evaluations and Consultation
330.210	Filing an Annual Attested Financial Statement
330.220	Information to be Made Available to the Public By the Department
330.230	Information to be Made Available to the Public By the Licensee
330.240	Municipal Licensing
330.250	Ownership Disclosure
330.260	Issuance of Conditional Licenses
330.270	Monitoring and Receivership
330.271	Presentation of Findings
330.272	Determination to Issue a Notice of Violation or Administrative Warning
330.274	Determination of the Level of a Violation
330.276	Notice of Violation
330.277	Administrative Warning
330.278	Plans of Correction
330.280	Reports of Correction
330.282	Conditions for Assessment of Penalties
330.284	Calculation of Penalties
330.286	Determination to Assess Penalties
330.288	Reduction or Waiver of Penalties
330.290	Quarterly List of Violators
330.300	Alcoholism Treatment Programs In Long-Term Care Facilities
330.310	Department May Survey Facilities Formerly Licensed
330.315	Supported Congregate Living Arrangement Demonstration
330.320	Waivers
330.330	Definitions
330.340	Incorporated and Referenced Materials

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## SUBPART B: ADMINISTRATION

Section	Administrator
330.510	

## SUBPART C: POLICIES

Section	Resident Care Policies
330.710	Admission and Discharge Policies
330.720	Contract Between Resident and Facility
330.730	Residents' Advisory Council
330.740	General Policies
330.750	Personnel Policies
330.760	Initial Health Evaluation for Employees
330.765	Disaster Preparedness
330.770	Serious Incidents and Accidents
330.780	

## SUBPART D: PERSONNEL

Section	Personnel
330.910	Health Care Worker Background Check
330.911	Nursing and Personal Care Assistants (Repealed)
330.913	Student Interns (Repealed)
330.916	Consultation Services
330.920	Personnel Policies
330.930	

## SUBPART E: HEALTH SERVICES AND MEDICAL CARE OF RESIDENTS

Section	Medical Care Policies
330.1110	Personal Care
330.1120	Life Sustaining Treatments
330.1125	Communicable Disease Policies
330.1130	Tuberculin Skin Test Procedures
330.1135	Behavior Emergencies (Repealed)
330.1140	Restraints
330.1145	Emergency Use of Physical Restraints
330.1150	Unnecessary, Psychotropic, and Antipsychotic Drugs
330.1155	

## SUBPART F: RESTORATIVE SERVICES

Section	Activity Program
330.1310	Work Programs
330.1320	Written Policies for Restorative Services
330.1330	

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## SUBPART G: MEDICATIONS

Section  
 330.1510 Medication Policies  
 330.1520 Administration of Medication  
 330.1530 Labeling and Storage of Medications

## SUBPART H: RESIDENT AND FACILITY RECORDS

Section  
 330.1710 Resident Record Requirements  
 330.1720 Content of Medical Records  
 330.1730 Records Pertaining to Residents' Property  
 330.1740 Retention and Transfer of Resident Records  
 330.1750 Other Resident Record Requirements  
 330.1760 Retention of Facility Records  
 330.1770 Other Facility Record Requirements

## SUBPART I: FOOD SERVICE

Section  
 330.1910 Director of Food Services  
 330.1920 Dietary Staff in Addition to Director of Food Services  
 330.1930 Hygiene of Dietary Staff  
 330.1940 Diet Orders  
 330.1950 Meal Planning  
 330.1960 Therapeutic Diets (Repealed)  
 330.1970 Scheduling of Meals  
 330.1980 Menus and Food Records  
 330.1990 Food Preparation and Service  
 330.2000 Food Handling Sanitation  
 330.2010 Kitchen Equipment, Utensils, and Supplies

## SUBPART J: MAINTENANCE, HOUSEKEEPING AND LAUNDRY

Section  
 330.2210 Maintenance  
 330.2220 Housekeeping  
 330.2230 Laundry Services

## SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES

Section  
 330.2410 Furnishings  
 330.2420 Equipment and Supplies

## SUBPART L: WATER SUPPLY AND SEWAGE DISPOSAL

## DEPARTMENT OF PUBLIC HEALTH

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Section  
 330.2610 Codes  
 330.2620 Water Supply  
 330.2630 Sewage Disposal  
 330.2640 Plumbing

## SUBPART M: DESIGN AND CONSTRUCTION STANDARDS FOR NEW SHELTERED CARE FACILITIES

Section  
 330.2810 Applicable Requirements (Repealed)  
 330.2820 Applicability of These Standards  
 330.2830 Submission of a Program Narrative  
 330.2840 New Construction, Additions, Conversions, and Alterations  
 330.2850 Preparation and Submission of Drawings and Specifications  
 330.2860 First Stage Drawings  
 330.2870 Second Stage Drawings  
 330.2880 Architectural Drawings  
 330.2890 Structural Drawings  
 330.3000 Mechanical Drawings  
 330.3010 Electrical Drawings  
 330.3020 Additions to Existing Structures  
 330.3030 Specifications  
 330.3040 Building Codes  
 330.3050 Site  
 330.3060 General Building Requirements  
 330.3070 Administration  
 330.3080 Corridors  
 330.3090 Bath and Toilet Rooms  
 330.3100 Living, Dining, Activity Rooms  
 330.3110 Bedrooms  
 330.3120 Special Care Room  
 330.3130 Kitchen  
 330.3140 Laundry  
 330.3150 Housekeeping, Service, and Storage  
 330.3160 Plumbing  
 330.3170 Heating  
 330.3180 Electrical

## SUBPART N: FIRE PROTECTION STANDARDS FOR NEW SHELTERED CARE FACILITIES

Section  
 330.3310 Applicable Requirements (Repealed)  
 330.3320 Applicability of These Standards  
 330.3330 Fire Protection  
 330.3340 Fire Department Service and Water Supply  
 330.3350 General Building Requirements

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330.3360 Exit Facilities and Subdivision of Floor Areas  
 330.3370 Stairways, Vertical Openings, and Doorways  
 330.3380 Corridors  
 330.3390 Exit Lights and Directional Signs  
 330.3400 Hazardous Areas and Combustible Storage  
 330.3410 Fire Alarm and Detection System  
 330.3420 Fire Extinguishers, Electric Wiring, and Miscellaneous  
 330.3430 Use of Fire Extinguishers, Evacuation Plan, and Fire Drills  
 330.3440

SUBPART O: DESIGN AND CONSTRUCTION STANDARDS FOR  
 EXISTING SHELTERED CARE FACILITIES

Section  
 330.3610 Site  
 330.3620 General Building Requirements  
 330.3630 Administration  
 330.3640 Corridors  
 330.3650 Bath and Toilet Rooms  
 330.3660 Living, Dining, and Activity Rooms  
 330.3670 Bedrooms  
 330.3680 Special Care Room  
 330.3690 Kitchen  
 330.3700 Laundry Room  
 330.3710 Housekeeping and Service Rooms and Storage Space  
 330.3720 Plumbing and Heating  
 330.3730 Electrical

SUBPART P: FIRE PROTECTION STANDARDS FOR EXISTING  
 SHELTERED CARE FACILITIES

Section  
 330.3810 Fire Protection  
 330.3820 Fire Department Service and Water Supply  
 330.3930 Occupancy and Fire Areas  
 330.3940 Exit Facilities and Subdivision of Floor Areas  
 330.3950 Stairways, Vertical Openings, and Doorways  
 330.3960 Exit and Fire Escape Lights and Directional Signs  
 330.3970 Hazardous Areas and Combustible Storage  
 330.3980 Fire Alarm and Detection System  
 330.3990 Fire Extinguishers, Electric Wiring, and Miscellaneous  
 330.4000 Use of Fire Extinguishers, Evacuation Plan, and Fire Drills

## SUBPART Q: RESIDENT'S RIGHTS

Section  
 330.4210 General  
 330.4220 Medical and Personal Care Program  
 330.4230 Restraints

Abuse and Neglect  
 Communication and Visitation  
 Resident's Funds  
 Residents' Advisory Council  
 Contract With Facility  
 Private Right of Action  
 Transfer or Discharge  
 Complaint Procedures  
 Confidentiality  
 Facility Implementation

## SUBPART R: DAY CARE PROGRAMS

Section  
 330.4310 Day Care In Long-Term Care Facilities

APPENDIX A Interpretation, Components, and Illustrative Services for Sheltered Care Facilities (Repealed)

APPENDIX B Classification of Distinct Part of a Facility For Different Levels of Service (Repealed)

APPENDIX C Forms for Day Care in Long-Term Care Facilities

APPENDIX D Criteria for Activity Directors Who Need Only Minimal Consultation

APPENDIX E Guidelines for the Use of Various Drugs

TABLE A Heat Index Table/Apparent Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 807, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 933, effective July 28, 1980; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14547, effective November 8, 1982; amended at 6 Ill. Reg. 14681, effective November 15, 1982; amended at 7 Ill. Reg. 1963, effective January 28, 1983; amended at 7 Ill. Reg. 6973, effective May 17, 1983; amended at 7 Ill. Reg. 15825, effective November 15, 1983; amended at 8 Ill. Reg. 15596, effective August 15, 1984; amended at 8 Ill. Reg. 15941, effective August 17, 1984; codified at 8 Ill. Reg. 19790; amended at 8 Ill. Reg. 24241, effective November 28, 1984; amended at 8 Ill. Reg. 24696, effective December 7, 1984; amended at 9 Ill. Reg. 2952, effective February 25, 1985; amended at 9 Ill. Reg. 10974, effective July 1, 1985; amended at 11 Ill. Reg. 16879, effective October 1, 1987; amended at 12 Ill. Reg. 1017, effective December 24, 1987; amended at 12 Ill. Reg. 16870, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6562, effective April 17, 1989; amended at 13 Ill. Reg. 19580, effective December 1, 1989; amended at 14 Ill. Reg. 14928, effective October 1, 1990; amended at 15 Ill. Reg. 516, effective January 1, 1991;

amended at 16 Ill. Reg. 651, effective January 1, 1992; amended at 16 Ill. Reg. 14370, effective September 3, 1992; emergency amendment at 17 Ill. Reg. 2405, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8000, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15089, effective September 3, 1993; amended at 17 Ill. Reg. 16180, effective January 1, 1994; amended at 17 Ill. Reg. 19258, effective October 26, 1993; amended at 17 Ill. Reg. 19576, effective November 4, 1993; amended at 17 Ill. Reg. 21044, effective November 20, 1993; amended at 18 Ill. Reg. 1475, effective January 14, 1994; amended at 18 Ill. Reg. 15851, effective October 15, 1994; amended at 19 Ill. Reg. 11567, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 552, effective January 1, 1996, for a maximum of 150 days; emergency expired on May 29, 1996; amended at 20 Ill. Reg. 10125, effective July 15, 1996; amended at 20 Ill. Reg. 12160, effective September 10, 1996; amended at 22 Ill. Reg. 4078, effective February 13, 1998; amended at 22 Ill. Reg. 7203, effective April 15, 1998; amended at 22 Ill. Reg. 16594, effective September 18, 1998; amended at 23 Ill. Reg. 1085, effective January 15, 1999; amended at 23 Ill. Reg. 8064, effective July 15, 1999; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART E: HEALTH SERVICES AND MEDICAL CARE OF RESIDENTS

Section 330.1130 Communicable Disease Policies

- a) The facility shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- b) The facility shall not knowingly admit a person with a communicable, contagious, or infectious disease, as defined in the Control of Communicable Diseases Code. A resident who is suspected or diagnosed as having any such disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code ~~until isolation can be discontinued or the person can be transferred.~~ If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article II, Part 4 of the Act. In determining whether a transfer or discharge is authorized, the burden of proof rests on the facility.
- c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall also inform the Department of all incidents of scabies and other skin infestations.
- (Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.)

- 1) Heading of the Part: Skilled Nursing and Intermediate Care Facilities Code
- 2) Code Citation: 77 Ill. Adm. Code 300
- 3) Section Numbers: 300.663  
300.1020  
Proposed Action: Amendment  
Amendment
- 4) Statutory Authority: Nursing Home Care Act (210 ILCS 45)
- 5) A Complete Description of the Subjects and Issues Involved: The rules in Part 300 govern the licensure of skilled nursing and intermediate care facilities. Section 300.663 (Registry of Certified Nurse Aides) is being amended to require that nurse aides applying for equivalency from another state successfully complete the written portion of the Department-established nursing assistant competency test within 120 days after employment. This change is being made to assure that individuals who have been trained in other states are able to meet Illinois competency standards. The training program in Illinois requires more hours than many other states, and the competency examination is more demanding.

Section 300.1020 (Communicable Disease Policies) is being amended to clarify that the involuntary transfer and discharge of a resident who has a communicable, contagious, or infectious disease must be in compliance with Article III, Part 4 of the Nursing Home Care Act.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

6) Will this Rulemaking Replace an Emergency Rulemaking Currently in Effect?  
No

7) Does this Rulemaking Contain an Automatic Repeal Date? No

8) Does this Rulemaking Contain Any Incorporations By Reference? No

9) Are there any other Proposed Amendments Pending on this Part? Yes  
If Yes:

Section Numbers	Proposed Action	Ill. Reg. Citation
300.160	Amendment	24 Ill. Reg. 4889
300.661	Amendment	24 Ill. Reg. 4889
300.662	New Section	24 Ill. Reg. 4889

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

300.663 Amendment 24 Ill. Reg. 4889  
 300.1410 Amendment 24 Ill. Reg. 4889  
 300.1440 New Section 24 Ill. Reg. 4889  
 APPENDIX F Repealer 24 Ill. Reg. 4889

10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing, within 45 days after this issue of the *Illinois Register*, to:

Paul Thompson, Division of Legal Services  
 Illinois Department of Public Health  
 535 West Jefferson, Fifth Floor  
 Springfield, Illinois 62761  
 (217/782-2043)  
 rules@idph.state.il.us

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Paul Thompson at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected: Skilled nursing and intermediate care facilities

B) Reporting, Bookkeeping or Other Procedures Required for Compliance: None

C) Types of Professional Skills Necessary for Compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the need for the rulemaking was not anticipated.

The full text of the Proposed Amendments begins on the next page:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH  
 CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
 SUBCHAPTER C: LONG-TERM CARE FACILITIES

## PART 300

## SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE

## SUBPART A: GENERAL PROVISIONS

Section	
300.110	General Requirements
300.120	Application for License
300.130	Licensee
300.140	Issuance of an Initial License for a New Facility
300.150	Issuance of a Renewal License Due to a Change of Ownership
300.160	Issuance of an Initial License
300.165	Criteria for Adverse Licensee Actions
300.170	Denial of Initial License
300.175	Denial of Renewal of License
300.180	Revocation of License
300.190	Experimental Program Conflicting With Requirements
300.200	Inspections, Surveys, Evaluations and Consultation
300.210	Filing an Annual Attested Financial Statement
300.220	Information to Be Made Available to the Public By the Department
300.230	Information to Be Made Available to the Public by the Licensee
300.240	Municipal Licensing
300.250	Ownership Disclosure
300.260	Issuance of Conditional Licenses
300.270	Monitor and Receivership
300.271	Presentation of Findings
300.272	Determination to Issue a Notice of Violation or Administrative
300.274	Warning of the Level of a Violation
300.276	Notice of Violation
300.277	Administrative Warning
300.278	Plans of Correction
300.280	Reports of Correction
300.282	Conditions for Assessment of Penalties
300.284	Calculation of Penalties
300.286	Determination to Assess Penalties
300.288	Reduction or Waiver of Penalties
300.290	Quarterly List of Violators
300.300	Alcoholism Treatment Programs in Long-Term Care Facilities
300.310	Department May Survey Facilities Formerly Licensed
300.315	Supported Congregate Living Arrangement Demonstration
300.320	Waivers
300.330	Definitions
300.340	Incorporated and Referenced Materials

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## SUBPART B: ADMINISTRATION

## Section

300.510

Administrator

## Section

300.610

Resident Care Policies

300.615

Determination of Need Screening

300.620

Admission and Discharge Policies

300.630

Contract Between Resident and Facility

300.640

Residents' Advisory Council

300.650

Personnel Policies

300.655

Initial Health Evaluation for Employees

300.660

Nursing Assistants

300.661

Health Care Worker Background Check

300.663

Registry of Certified Nurse Aides

300.665

Student Interns

300.670

Disaster Preparedness

300.680

Restraints

300.682

Nonemergency Use of Physical Restraints

300.684

Emergency Use of Physical Restraints

300.686

Unnecessary, Psychotropic, and Antipsychotic Drugs

300.690

Serious Incidents and Accidents

## SUBPART D: PERSONNEL

## Section

300.810

General

300.820

Categories of Personnel

300.830

Consultation Services

300.840

Personnel Policies

## SUBPART E: MEDICAL AND DENTAL CARE OF RESIDENTS

## Section

300.1010

Medical Care Policies

300.1020

Communicable Disease Policies

300.1025

Tuberculin Skin Test Procedures

300.1030

Medical Emergencies

300.1035

Life-Sustaining Treatments

300.1040

Behavior Emergencies (Repealed)

300.1050

Dental Standards

## SUBPART F: NURSING AND PERSONAL CARE

## Section

300.1210

General Requirements for Nursing and Personal Care

300.1220

Supervision of Nursing Services

300.1230

Staffing

300.1240

Additional Requirements

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

## General Requirements for Nursing and Personal Care

300.1210

General Requirements for Nursing and Personal Care

300.1220

Supervision of Nursing Services

300.1230

Staffing

300.1240

Additional Requirements

## SUBPART G: RESIDENT CARE SERVICES

## Section

300.1410

Activity Program

300.1420

Specialized Rehabilitation Services

300.1430

Work Programs

## SUBPART H: MEDICATIONS

## Section

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Medication Policies and Procedures

300.1620

Conformance With Physician's Orders

300.1630

Administration of Medication

300.1640

Labeling and Storage of Medications

300.1650

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## SUBPART I: RESIDENT AND FACILITY RECORDS

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Resident Record Requirements

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Retention and Transfer of Resident Records

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Other Resident Record Requirements

300.1860

Staff Responsibility for Medical Records

300.1870

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300.1880

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## SUBPART J: FOOD SERVICE

## Section

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Director of Food Services

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300.2030

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300.2090

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300.2100

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300.2110

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Section
300.2210 Maintenance
300.2220 Housekeeping
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SUBPART L: FURNISHINGS, EQUIPMENT, AND SUPPLIES

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SUBPART M: WATER SUPPLY AND SEWAGE DISPOSAL

Section
300.2610 Codes
300.2620 Water Supply
300.2630 Sewage Disposal
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SUBPART N: DESIGN AND CONSTRUCTION STANDARDS  
FOR NEW INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

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300.2830 Preparation of Drawings and Specifications
300.2840 Site
300.2850 Administration and Public Areas
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300.2870 Dining, Living, Activities Rooms
300.2880 Therapy and Personal Care
300.2890 Service Departments
300.2900 General Building Requirements
300.2910 Structural
300.2920 Mechanical Systems
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SUBPART O: DESIGN AND CONSTRUCTION STANDARDS  
FOR EXISTING INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

Section
300.3010 Applicability
300.3020 Codes and Standards
300.3030 Preparation of Drawings and Specifications

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300.3220 Medical and Personal Care Program
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300.3330 Facility Implementation

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300.3410 Application of Other Divisions of These Minimum Standards
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300.3450 Resident Living Services Medical and Dental Care
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300.3570 Occupational Therapy Services  
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300.3590 Resident Care Services  
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300.3620 Furnishings, Equipment and Supplies (New and Existing Facilities)  
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300.3710 Day Care in Long-Term Care Facilities

APPENDIX A Interpretation, Components, and Illustrative Services for Intermediate Care Facilities and Skilled Nursing Facilities (Repealed)

APPENDIX B Classification of Distinct Part of a Facility for Different Levels of Service (Repealed)

APPENDIX C Federal Requirements Regarding Patients'/Residents' Rights (Repealed)

APPENDIX D Forms for Day Care in Long-Term Care Facilities

APPENDIX E Criteria for Activity Directors Who Need Only Minimal Consultation

APPENDIX F Guidelines for the Use of Various Drugs and Nursing and Intermediate Care Facilities

TABLE A Sound Transmission Limitations in New Skilled Nursing and Intermediate Care Facilities

TABLE B Pressure Relationships and Ventilation Rates of Certain Areas for New Intermediate Care Facilities and Skilled Nursing Facilities

TABLE C Construction Types and Sprinkler Requirements for Existing Skilled Nursing Facilities/Intermediate Care Facilities

TABLE D Heat Index Table/Apparent Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care Act (210 ILCS 451).

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 1066, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 311, effective July 28, 1980; emergency amendment at 6 Ill. Reg. 3229, effective March 9, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6454, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 11631, effective September 14, 1982; amended at 6 Ill. Reg. 14550 and 14554, effective November 8, 1982; amended at 6 Ill. Reg. 14684, effective November 15, 1982; amended at 7 Ill. Reg. 285, effective December 22, 1982; amended at 7 Ill. Reg. 1972, effective January 28, 1983; amended at 7 Ill. Reg. 8579, effective July 11, 1983; amended at 7 Ill. Reg. 15831, effective November 10, 1983; amended at 7 Ill. Reg. 15864, effective November 15, 1983; amended at 7 Ill. Reg. 16992, effective December 14, 1983; amended at 8 Ill. Reg. 15599, 15603, and 15606,

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effective August 15, 1984; amended at 8 Ill. Reg. 15947, effective August 17, 1984; amended at 8 Ill. Reg. 16999, effective September 5, 1984; codified at 8 Ill. Reg. 19766; amended at 8 Ill. Reg. 24186, effective November 29, 1984; amended at 8 Ill. Reg. 24668, effective December 7, 1984; amended at 8 Ill. Reg. 25102, effective December 14, 1984; amended at 9 Ill. Reg. 132, effective December 26, 1984; amended at 9 Ill. Reg. 4087, effective March 15, 1985; amended at 9 Ill. Reg. 11049, effective July 1, 1985; amended at 11 Ill. Reg. 16927, effective October 1, 1987; amended at 12 Ill. Reg. 1052, effective December 24, 1987; amended at 12 Ill. Reg. 16811, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 4684, effective March 24, 1989; amended at 13 Ill. Reg. 5134, effective April 1, 1989; amended at 13 Ill. Reg. 20089, effective December 1, 1989; amended at 14 Ill. Reg. 14950, effective October 1, 1990; amended at 15 Ill. Reg. 554, effective January 1, 1991; amended at 16 Ill. Reg. 681, effective January 1, 1992; amended at 16 Ill. Reg. 5977, effective March 27, 1992; amended at 16 Ill. Reg. 17089, effective November 3, 1992; emergency amendment at 17 Ill. Reg. 2420, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8026, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15106, effective September 3, 1993; amended at 17 Ill. Reg. 16194, effective January 1, 1994; amended at 17 Ill. Reg. 19279, effective October 26, 1993; amended at 17 Ill. Reg. 19604, effective November 4, 1993; amended at 17 Ill. Reg. 21058, effective November 20, 1993; amended at 18 Ill. Reg. 1491, effective January 14, 1994; amended at 18 Ill. Reg. 15868, effective October 15, 1994; amended at 19 Ill. Reg. 11600, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 567, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10142, effective July 15, 1996; amended at 20 Ill. Reg. 12208, effective September 10, 1996; amended at 21 Ill. Reg. 15000, effective November 15, 1997; amended at 22 Ill. Reg. 4094, effective February 13, 1998; amended at 22 Ill. Reg. 7218, effective April 15, 1998; amended at 22 Ill. Reg. 16609, effective September 18, 1998; amended at 23 Ill. Reg. 1103, effective January 15, 1999; amended at 23 Ill. Reg. 8106, effective July 15, 1999; amended at 24 Ill. Reg. 10000, effective July 15, 1999.

## SUBPART C: POLICIES

## Section 300.663 Registry of Certified Nurse Aides

a) An individual will be placed on the Nurse Aide Registry when he/she has successfully completed a training program approved in accordance with the Long-Term Care Assistants and Aides Training Program Code (77 Ill. Adm. Code 395) and has met background check information required in Section 300.661 of this Part, and when there are no findings of abuse, neglect, or misappropriation of property in accordance with Sections 3-206.01 and 3-206.02 of the Act.

b) An individual will be placed on the Nurse Aide Registry if he/she has

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met background check information required in Section 300.661 of this Part and submits documentation supporting one of the following equivalencies:

- 1) Documentation of current registration from another state indicating that the requirements of 42 CFR 483.151 - 483.156 (October 1, 1997, no further amendments or editions included) have been met and that there are no documented findings of abuse, neglect, or misappropriation of property; and, within 120 days after employment, successful completion of the written portion of the Department-established nursing assistant competency test.
- 2) Documentation of successful completion of a nursing arts course (e.g., Basics in Nursing, Fundamentals of Nursing, Nursing 101) with at least 40 hours of supervised clinical experience in an accredited nurse training program as evidenced by a diploma, certificate or other written verification from the school and, within 120 days after employment, successful completion of the written portion of the Department-established nursing assistant competency test.
- 3) Documentation of successful completion of a United States military training program that includes the content of the Basic Nursing Assistant Training Program (see 77 Ill. Adm. Code 395) and at least 40 hours of supervised clinical experience, as evidenced by a diploma, certification, BD-214, or other written verification, and, within 120 days after employment, successful completion of the written portion of the Department-established nursing assistant competency test.
- 4) Documentation of completion of a nursing program in a foreign country, including the following, and, within 120 days after employment, successful completion of the Department-established nursing assistant competency test:
  - A) A copy of the license, diploma, registration or other proof of completion of the program;
  - B) Proof of application to the Department of Professional Regulation for licensure in Illinois;
  - C) A copy of the Social Security card; and
  - D) Visa or proof of citizenship.
- c) An individual shall notify the Nurse Aide Registry of any change of address within 30 days and of any name change within 30 days and shall submit proof of any name change to the Department. (Section 3-206.01 of the Act)

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART E: MEDICAL AND DENTAL CARE OF RESIDENTS

## Section 300.1020 Communicable Disease Policies

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- a) The facility shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code until isolation can be discontinued or the person can be transferred. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act. In determining whether a transfer or discharge is authorized, the burden of proof rests on the facility.
- c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.
- d) The facility shall notify the Department no later than five working days after the date of the admission of any person with a communicable, contagious, or infectious disease. The notice to the Department shall include at least the date of the admission and the nature of the condition.
- e) Infection control responsibilities
  - 1) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. A group, either an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code. Activities shall be monitored to ensure that these policies and procedures are followed.
  - 2) Each facility shall adhere to the recommendations of the U.S. Public Health Service contained in the publication entitled "Guidelines for the Prevention and Control of Nosocomial Infection." This publication may be obtained from the Center for Infectious Diseases, Centers for Disease Control, U.S. Public Health Service, Department of Health and Human Services, Atlanta, Georgia 30333. This publication includes the following guidelines:
    - A) "Guideline for Prevention of Catheter-Associated Urinary Tract Infections" (October 1981).
    - B) "Guideline for Handwashing and Hospital Environmental Control" (1985).
    - C) "Guideline for Prevention of Intravascular Infections"

## DEPARTMENT OF PUBLIC HEALTH

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- (October 1981).  
D) "Guideline for Prevention of Surgical Wound Infections" (March 1987, Revised 1985).  
E) "Guideline for Prevention of Nosocomial Pneumonia" (February 1994).  
F) "Guideline for Isolation Precautions in Hospitals" (January 1996).  
G) "Guideline for Infection Control in Hospital Personnel" (July 1983).

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Driving of Commercial Motor Vehicles  
2) Code Citation: 92 Ill. Adm. Code 392  
3) Section Numbers: Proposed Action:  
392.2000 Amend  
4) Statutory Authority: Implementing and authorized by Sections 18b-102 and 18b-105 of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].  
5) A complete description of the subjects and issues involved: By this Notice, the Department is proposing to update the incorporation by reference date of the Code of Federal Regulations (CFR) to the October 1, 1999 edition that is the most recent edition of the CFR.  
6) Will this proposed rulemaking replace an emergency rulemaking currently in effect? No  
7) Does this rulemaking contain an automatic repeal date? No  
8) Does this proposed amendment contain incorporations by reference? No  
9) Are there any other amendments pending on this Part? No  
10) Statement of Statewide Policy Objectives: This amendment affects units of local government that own or operate commercial motor vehicles in Illinois.  
11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning this proposed rulemaking. Written submissions shall be filed with:

By U.S. Mail:

Ms. Catherine Allen  
Illinois Department of Transportation  
Division of Traffic Safety  
P.O. Box 19212  
Springfield, Illinois 62794-9212  
(217) 785-1161

By Messenger or Inter-Agency Mail:

DOT Annex Building  
3215 Executive Park Drive  
Commercial Vehicle Safety; 3rd Floor  
Springfield, Illinois

DEPARTMENT OF TRANSPORTATION  
NOTICE OF PROPOSED AMENDMENTS

JCAR requests, comments and concerns regarding this rulemaking should be addressed to:

Ms. Christine Caronna-Beard, Rules Manager  
Illinois Department of Transportation  
2300 South Dirksen Parkway, Room 311  
Springfield, Illinois 62764  
(217)782-3215

Comments received within 45 days after the date after publication of this *Illinois Register* will be considered. Comments received after that time will be considered, time permitting.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: This amendment will affect small businesses, small municipalities and not for profit corporations that own or operate commercial motor vehicles in Illinois.

B) Reporting, bookkeeping or other procedures required for compliance: No additional procedures are required for compliance.

C) Types of professional skills necessary for compliance: No new or additional skills are necessary for compliance.

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: The Department did not anticipate the need for the rulemaking at the time.

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF TRANSPORTATION  
NOTICE OF PROPOSED AMENDMENTS

TITLE 92: TRANSPORTATION  
CHAPTER I: DEPARTMENT OF TRANSPORTATION  
SUBCHAPTER d: MOTOR CARRIER SAFETY REGULATIONS

PART 392  
DRIVING OF COMMERCIAL MOTOR VEHICLES

Section  
392.1000 General  
392.2000 Incorporation by Reference of 49 CFR 392

AUTHORITY: Implementing, and authorized by Sections 18b-102 and 18b-105 of, the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].

SOURCE: Adopted at 14 Ill. Reg. 15503, effective September 10, 1990; amended at 15 Ill. Reg. 13155, effective August 21, 1991; amended at 18 Ill. Reg. 740, effective January 11, 1994; amended at 18 Ill. Reg. 10359, effective June 15, 1994; amended at 19 Ill. Reg. 13038, effective August 30, 1995; amended at 20 Ill. Reg. 15330, effective November 18, 1996; amended at 23 Ill. Reg. 5093, effective March 31, 1999; amended 24 Ill. Reg. 1942, effective January 19, 2000; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

Section 392.2000 Incorporation by Reference of 49 CFR 392

a) "Driving of Commercial Motor Vehicles" (49 CFR 392) is incorporated by reference, as that part of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR 390, 391, 392, 393, 395, 396, and 397) that was in effect on October 1, 1995 1998. No later amendments to or editions of 49 CFR 392 are incorporated.

b) References to subchapters, parts, subparts, sections or paragraphs shall be read to refer to the appropriate citation in the FMCSR.

c) The following addition to 49 CFR 392 shall apply for purposes of this Part.

Authorized Illinois State police shall place drivers out-of-service for any violation of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B] or the Illinois Motor Carrier Safety Regulations that warrants placing the driver out-of-service under the "North American Uniform Out-of-Service Criteria" as defined at 92 Ill. Adm. Code 390.1020.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Hours of Service of Drivers

2) Code Citation: 92 Ill. Adm. Code 395

3) Section Numbers: Proposed Action:  
395.2000 Amend

4) Statutory Authority: Implementing and authorized by Sections 18b-102 and 18b-105 of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].

5) A complete description of the subjects and issues involved: By this Notice, the Department is proposing to update the incorporation by reference date of the Code of Federal Regulations (CFR) to the October 1, 1999 edition that is the most recent edition of the CFR.

6) Will this proposed rulemaking replace an emergency rulemaking currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This amendment affects units of local government that own or operate commercial motor vehicles in Illinois.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning this proposed rulemaking. Written submissions shall be filed with:

By U.S. Mail:

Ms. Catherine Allen  
Illinois Department of Transportation  
Division of Traffic Safety  
P.O. Box 19212  
Springfield, Illinois 62794-9212  
(217) 785-1181

By Messenger or Inter-Agency Mail:

DOT Annex Building  
3215 Executive Park Drive  
Commercial Vehicle Safety; 3rd Floor  
Springfield, Illinois

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

JCAR requests, comments and concerns regarding this rulemaking should be addressed to:

Ms. Christine Caronna-Beard, Rules Manager  
Illinois Department of Transportation  
2300 South Dirksen Parkway, Room 311  
Springfield, Illinois 62764  
(217)782-3215

Comments received within 45 days after the date after publication of this Illinois Register will be considered. Comments received after that time will be considered, time permitting.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses affected: This amendment will affect small businesses that own or operate commercial motor vehicles in Illinois.

B) Reporting, bookkeeping or other procedures required for compliance: No additional procedures are required for compliance.

C) Types of professional skills necessary for compliance: No new or additional skills are necessary for compliance.

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: The Department did not anticipate the need for the rulemaking at the time.

The full text of the Proposed Amendments begins on the next page:



## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 92: TRANSPORTATION

## CHAPTER 1: DEPARTMENT OF TRANSPORTATION

## SUBCHAPTER d: MOTOR CARRIER SAFETY REGULATIONS

## PART 395

## HOURS OF SERVICE OF DRIVERS

## Section

395.1000

General Incorporation by Reference of 49 CFR 395

**AUTHORITY:** Implementing, and authorized by Sections 18b-102 and 18b-105 of, the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].

**SOURCE:** Adopted at 14 Ill. Reg. 15507, effective September 10, 1990; amended at 15 Ill. Reg. 13161, effective August 21, 1991; amended at 16 Ill. Reg. 14425, effective September 8, 1992; amended at 18 Ill. Reg. 743, effective January 11, 1994; amended at 19 Ill. Reg. 13041, effective August 30, 1995; amended at 20 Ill. Reg. 15335, effective November 18, 1996; amended at 23 Ill. Reg. 5096, effective March 31, 1999; amended at 24 Ill. Reg. 1944, effective January 19, 2000; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 395.2000 Incorporation by Reference of 49 CFR 395**

- a) "Hours of Service of Drivers" (49 CFR 395) is incorporated by reference, as that part of the Federal Motor Carrier Safety Regulations (FMCSA) (49 CFR 390, 391, 392, 393, 395, 396 and 397) that was in effect on October 1, 1993 3996, subject only to the exceptions in subsection (c). No later amendments to or editions of 49 CFR 395 are incorporated.
- b) References to subchapters, parts, subparts, sections or paragraphs shall be read to refer to the appropriate citation in 49 CFR. from 49 CFR 395 shall apply for purposes of this Part.
- c) The following interpretations of, additions to and deletions from 49 CFR 395 shall apply for purposes of this Part.
  - 1) 49 CFR 395.1(h) and 395.1(i) are deleted and not incorporated.
  - 2) 49 CFR 395.1(e) as it applies to intrastate carriers is amended to establish that drivers shall operate within a 150 air-mile radius of the normal work reporting location to qualify for exempt status. (Section 18b-105(g) of the Illinois Motor Carrier Safety Law (the Law) [625 ILCS 5/18b-105(d)])
  - 3) 49 CFR 395.13 is not incorporated and the following substituted therefor:
    - A) Authority to declare drivers out-of-service due to any violation of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B] or the Illinois Motor Carrier Safety Regulations that warrants placing the driver out-of-service under the "North American Uniform Out-of-Service Criteria" as defined in 92 Ill. Adm. Code 390.1020. Every Illinois State Police

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officer certified to conduct Commercial Vehicle Inspections, Levels 1, 2, 3, 4 or 5 (as defined in 92 Ill. Adm. Code 390) is authorized to declare a driver out-of-service as set forth in subsection (c)(3)(B) and to notify the motor carrier of that declaration upon finding at the time and place of examination that declaring the driver out-of-service is warranted. Notification to the motor carrier is accomplished when the Illinois State Police officer presents the Illinois Commercial Driver/Vehicle Inspection Report (Form ISP 5-238) to the driver.

- B) Out-of-Service Criteria
  - i) No driver shall drive after being on duty in excess of the maximum periods permitted by 49 CFR 395.
  - ii) No driver required to maintain a record of duty status under 49 CFR 395.8 or 395.15 shall fail to have a record of duty status current on the day of examination and for the prior seven consecutive days.
  - iii) Exception. A driver failing only to have possession of a record of duty status current on the day of examination and the prior day, but who has completed records of duty status up to that time (previous 6 days), will be given the opportunity to make the duty status record current.
- C) Responsibilities of motor carriers
  - i) No motor carrier shall:
    - Require or permit a driver who has been declared out-of-service to operate a commercial motor vehicle until that driver may lawfully do so under the requirements in 49 CFR 395;
    - Require a driver who has been declared out-of-service for failure to prepare a record of duty status to operate a commercial motor vehicle until that driver has been off duty for eight consecutive hours and is in compliance with this Section. The consecutive eight hour off duty period may include sleeper berth time.
  - ii) A motor carrier shall, if required (refer to 92 Ill. Adm. Code 396.2010 for requirement), complete the "Notice to Motor Carrier" portion of the Form ISP 5-238 (Illinois Commercial Driver/Vehicle Inspection Report) and deliver the copy of the form either personally or by mail to the Illinois State Police Motor Carrier Safety Section at the address specified upon the form within 15 days following the date of examination. If the motor carrier mails the form, delivery is made on the date it is postmarked.
- D) Responsibilities of the driver:
  - i) No driver who has been declared out-of-service shall operate a commercial motor vehicle until that driver

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may lawfully do so under the requirements of 49 CFR 395.

ii) No driver who has been declared out-of-service, for failing to prepare a record of duty status, shall operate a commercial motor vehicle until the driver has been off duty for eight consecutive hours and is in compliance with this Section.

iii) A driver to whom a form has been tendered declaring the driver out-of-service shall within 24 hours thereafter deliver or mail the copy to a person or place designated by motor carrier to receive it.

iv) This Section does not alter the hazardous materials requirements prescribed in 92 Ill. Adm. Code 397 pertaining to attendance and surveillance of commercial motor vehicles.

4) Part 395 shall not apply to agricultural movements that are engaged in intrastate commerce during planting and harvesting season as defined in 92 Ill. Adm. Code 390.1020. (Section 18b-105(c)(6) of the Law)

5) Part 395 shall not apply to all farm to market agricultural transportation as defined in 92 Ill. Adm. Code 390.1020 that is engaged in intrastate commerce. (Section 18b-105(c)(6) of the Law)

6) Part 395 shall not apply to any grain hauling operations that are engaged in intrastate commerce within a radius of 200 air miles of the normal work reporting location. (Section 18b-105(c)(6) of the Law)

Agency Note: See 92 Ill. Adm. Code 386, Subpart C: Public Utility Exemptions, for provisions relating to possible exemptions from the IMCSR for applicable intrastate public utility commercial motor vehicles.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Inspection, Repair and Maintenance

2) Code Citation: 92 Ill. Adm. Code 396

3) Section Numbers: Proposed Action:  
396.2000 Amend

4) Statutory Authority: Implementing and authorized by Sections 18b-102 and 18b-105 of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].

5) A complete description of the subjects and issues involved: By this Notice, the Department is proposing to update the incorporation by reference date of the Code of Federal Regulations (CFR) to the October 1, 1999 edition that is the most recent edition of the CFR.

6) Will this proposed rulemaking replace an emergency rulemaking currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This amendment affects units of local government that own or operate commercial motor vehicles in Illinois.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning this proposed rulemaking. Written submissions shall be filed with:

By U.S. Mail:

Ms. Catherine Allen  
Illinois Department of Transportation  
Division of Traffic Safety  
P.O. Box 19212  
Springfield, Illinois 62794-9212  
(217) 785-1181

By Messenger or Inter-Agency Mail:

DOT Annex Building  
3215 Executive Park Drive  
Commercial Vehicle Safety, 3rd Floor  
Springfield, Illinois

DEPARTMENT OF TRANSPORTATION  
NOTICE OF PROPOSED AMENDMENTS  
TITLE 92: TRANSPORTATION  
CHAPTER I: DEPARTMENT OF TRANSPORTATION  
SUBCHAPTER d: MOTOR CARRIER SAFETY REGULATIONS

Ms. Christine Caronna-Beard, Rules Manager  
Illinois Department of Transportation  
2300 South Dirksen Parkway, Room 311  
Springfield, Illinois 62764  
(217)782-3215

Comments received within 45 days after the date after publication of this *Illinois Register* will be considered. Comments received after that time will be considered, time permitting.

12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses affected: This amendment will affect small businesses that own or operate commercial motor vehicles in Illinois.
- B) Reporting, bookkeeping or other procedures required for compliance: No additional procedures are required for compliance.
- C) Types of professional skills necessary for compliance: No new or additional skills are necessary for compliance.

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: The Department did not anticipate the need for the rulemaking at the time.

The full text of the Proposed Amendments begins on the next page:

Section 396-1000 General  
396-2000 Incorporation by Reference of 49 CFR 396  
396-2010 Inspection of Vehicles in Operation

INSPECTION, REPAIR AND MAINTENANCE  
PART 396

AUTHORITY: Implementing, and authorized by Sections 18b-102 and 18b-105 of, the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].

SOURCE: Adopted at 14 Ill. Reg. 15512, effective September 10, 1990; amended at 15 Ill. Reg. 13167, effective August 21, 1991; amended at 16 Ill. Reg. 14431, effective September 8, 1992; amended at 18 Ill. Reg. 749, effective January 11, 1994; amended at 19 Ill. Reg. 13046, effective August 30, 1995; amended at 20 Ill. Reg. 15340, effective November 18, 1996; amended at 23 Ill. Reg. 5101, effective March 31, 1999; amended at 24 Ill. Reg. 1949, effective January 19, 2000; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

Section 396.2000 Incorporation by Reference of 49 CFR 396

- a) The Department incorporates "Inspection, Repair and Maintenance" (49 CFR 396) by reference, as that part of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR 390, 391, 392, 393, 395, 396, and 397) that was in effect on October 1, 1991, subject only to the exceptions in subsection (c). No later amendments to or editions of 49 CFR 396 are incorporated.
- b) References to subchapters, parts, subparts, sections or paragraphs shall be read to refer to the appropriate citation in 49 CFR.
- c) The following interpretations of, additions to and deletions from 49 CFR 396 shall apply for purposes of this part.
- 1) 49 CFR 396.9 is deleted and not incorporated.
  - 2) Any commercial motor vehicle used in intrastate commerce that is inspected semi-annually pursuant to Section 13-109 of the Illinois Vehicle Code (the Code) [625 ILCS 5/13-109] has complied with the periodic inspection procedures required by 49 CFR 396.17.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) **Heading of the Part:** Motor Carrier Safety Regulations: General
- 2) **Code Citation:** 92 Ill. Adm. Code 390
- 3) **Section Numbers:**  
390.1020 Amend  
390.2000 Amend
- 4) **Statutory Authority:** Implementing and authorized by Sections 18b-102 and 18b-105 of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].
- 5) **A complete description of the subjects and issues involved:** By this Notice, the Department is proposing, at Section 390.1020, to update references to the Code of Federal Regulations (CFR) to the October 1, 1999 edition that is the most recent edition of the CFR. Additionally, the definition of "North American Uniform Out-of-Service Criteria" is being amended to clarify that, in Illinois, only qualified officers of the Illinois State Police and the federal government have authority to enforce out-of-service criteria. In some states, other qualified law enforcement officers (e.g., municipal or county officers) can and do enforce the criteria. This clarification is being made at the request of a trucking association that found the existing language confusing.

At Section 390.2000, the Department is proposing to update the incorporation by reference date to October 1, 1999, including the federal rulemaking adopted at 65 FR 35287, June 2, 2000.

The Department's regulations will incorporate changes made in the following Docket:

Docket FMCSA-98-3947 (65 FR 35287, June 2, 2000): Revised marking requirements for interstate commercial motor vehicles. Eliminated the marking regulations of the former Interstate Commerce Commission (ICC) and required motor carriers to apply marking requirements that conform to this Final Rule.

- 6) **Will this proposed rulemaking replace an emergency rulemaking currently in effect?** No
- 7) **Does this rulemaking contain an automatic repeal date?** No
- 8) **Does this proposed amendment contain incorporations by reference?** No
- 9) **Are there any other amendments pending on this Part?** No
- 10) **Statement of Statewide Policy Objectives:** This amendment affects units of local government that own or operate commercial motor vehicles in Illinois.

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- 11) **Time, Place and Manner in which interested persons may comment on this proposed rulemaking:** Any interested party may submit written comments or arguments concerning this proposed rulemaking. Written submissions shall be filed with:

By U.S. Mail:

Ms. Catherine Allen  
Illinois Department of Transportation  
Division of Traffic Safety  
P.O. Box 19212  
Springfield, Illinois 62794-9212  
(217) 785-1181

By Messenger or Inter-Agency Mail:

DOT Annex Building  
3215 Executive Park Drive  
Commercial Vehicle Safety, 3rd Floor  
Springfield, Illinois  
(217) 782-3215

JCAR requests, comments and concerns regarding this rulemaking should be addressed to:

Ms. Christine Caronna-Beard, Rules Manager  
Illinois Department of Transportation  
2300 South Dirksen Parkway, Room 311  
Springfield, Illinois 62764  
(217) 782-3215

Comments received within 45 days after the date after publication of this Illinois Register will be considered. Comments received after that time will be considered, time permitting.

- 12) **Initial Regulatory Flexibility Analysis:**

A) Types of small businesses, small municipalities and not for profit corporations affected: This amendment will affect small businesses, small municipalities and not for profit corporations that own or operate commercial motor vehicles in Illinois.

B) Reporting, bookkeeping or other procedures required for compliance: No additional procedures are required for compliance.

C) Types of professional skills necessary for compliance: No new or additional skills are necessary for compliance.

- 13) **Regulatory Agenda on which this rulemaking was summarized:** July 2000

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The full text of the Proposed Amendments begins on the next page:

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TITLE 92: TRANSPORTATION  
CHAPTER 1: DEPARTMENT OF TRANSPORTATION  
SUBCHAPTER 9: MOTOR CARRIER SAFETY REGULATIONS

PART 390  
MOTOR CARRIER SAFETY REGULATIONS: GENERAL

SUBPART A: GENERAL APPLICABILITY AND DEFINITIONS

Section	Purpose
390.1000	General Applicability
390.1010	Definitions
390.1020	Rules of Construction
390.1030	

SUBPART B: GENERAL REQUIREMENTS AND INFORMATION

Section	Incorporation by Reference
390.2000	

AUTHORITY: Implementing, and authorized by Sections 18b-102 and 18b-105 of, the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].

SOURCE: Adopted at 14 Ill. Reg. 15519, effective September 10, 1990; amended at 15 Ill. Reg. 13171, effective August 21, 1991; amended at 16 Ill. Reg. 14435, effective September 8, 1992; amended at 18 Ill. Reg. 734, effective January 11, 1994; amended at 18 Ill. Reg. 10362, effective June 15, 1994; amended at 19 Ill. Reg. 13050, effective August 30, 1995; amended at 20 Ill. Reg. 15344, effective November 18, 1996; amended at 23 Ill. Reg. 5105, effective March 31, 1999; amended at 24 Ill. Reg. 1954, effective January 19, 2000; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART A: GENERAL APPLICABILITY AND DEFINITIONS

Section 390.1020 Definitions

The following definitions apply to all Parts in the IMCSR unless a specific Part expressly defines a term different than what is used below:

"Accident" means:

Except as provided below, an occurrence involving a commercial motor vehicle operating on a highway that results in:

A fatality;

Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene

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of the accident; or

One or more motor vehicles incurring disabling damage as a result of the accident, requiring the vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle.

The term accident does not include:

An occurrence involving only boarding and alighting from a stationary motor vehicle; or

An occurrence involving only the loading or unloading of cargo. (49 CFR 390.5, October 1, 1993) (1998)

"Agricultural movements" means the operation of a motor vehicle or combination of vehicles controlled and operated by a private motor carrier of property that is using the vehicle to transport nonhazardous or hazardous agricultural crop production fertilizers or agricultural chemicals from a local source of supply to farm or field, or from one farm or field to another, or from farm or field back to the local source of supply. (Section 1-101.6 of the Illinois Vehicle Code (the Code) [625 ILCS 5/1-101.6])

"Alcohol concentration" (AC) means the concentration of alcohol in a person's blood or breath. When expressed as a percentage it means grams of alcohol per 100 milliliters of blood or grams of alcohol per 210 liters of breath. (49 CFR 390.5, October 1, 1993) (1998)

"Bus" means any motor vehicle designed, constructed, and/or used for the transportation of passengers, including taxicabs. (49 CFR 390.5, October 1, 1993) (1998)

"Business district" means the territory contiguous to and including a highway when within any 600 feet along such highway there are buildings in use for business or industrial purposes, including but not limited to, hotels, banks, or office buildings, railroad stations and public buildings which occupy at least 300 feet of frontage on one side or 300 feet collectively on both sides of the highway. (Section 1-108 of the Code)

"Charter transportation of passengers" means transportation, using a bus, of a group of persons who, pursuant to a common purpose, under a single contract, at a fixed charge for the vehicle, have acquired the exclusive use of the vehicle to travel together under an itinerary either specified in advance or modified after having left the place of origin. (49 CFR 390.5, October 1, 1993) (1998)

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"Code" means the Illinois Vehicle Code [625 ILCS 5].

"Commerce" means trade, commerce or transportation within the State. (Section 1-111.4 of the Code)

"Commercial motor vehicle (CMV)" means any self propelled or towed vehicle used on public highways in interstate and intrastate commerce to transport passengers or property when the vehicle has a gross vehicle weight, a gross vehicle weight rating, a gross combination weight, or a gross combination weight rating of 10,001 or more pounds (4,537 or more kilograms); or the vehicle is designed to transport more than 15 passengers; including the driver; or the vehicle is used in the transportation of hazardous materials in a quantity requiring placarding under the Illinois Hazardous Materials Transportation Act. This definition shall not include farm machinery, fertilizers, spreaders, and other special agricultural movement equipment described in Section 3-809 of the Code nor implements of husbandry as defined in Section 1-130 of the Code. (Section 180-101 of the Law-see P.A. 91-199-effective January 17-2008)

"Commercial Vehicle Inspections" means:

Level 1 - North American Standard Inspection: An inspection that includes each of the items specified under the North American Uniform Out-of-Service Criteria.

As a minimum, North American Standard inspections must include examination of: driver's license, medical examiner's certificate and waiver if applicable, alcohol and drugs, driver's record of duty status as required, hours of service, seat belt, vehicle inspection report, brake system, steering mechanism, wheels and rims, tires, coupling devices, suspension, frame, fuel system, exhaust system, windshield wipers, lighting devices, safe loading, and hazardous material requirements as applicable.

Level 2 - Walk Around Driver/Vehicle Inspection: An examination that, as a minimum, includes: driver's license, medical examiner's certificate, and waiver if applicable, driver's record of duty status as required, hours of service, seat belt, vehicle inspection report, fire extinguisher, warning devices for stopped vehicles, head lamps, turn signals, stop lamps, windshield wipers, wheels, tires, fuel system, exhaust system, visible brake components, coupling devices, cargo securement, low air warning device, visible suspension components, and hazardous material requirements as applicable. It is contemplated that the walk-around driver/vehicle inspection will be conducted without inspecting underneath the vehicle.



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Level 3 - Driver Only Inspection: A roadside examination of the driver's license, medical certification and waiver if applicable, driver's record of duty status as required, hours of service, seat belt, and vehicle inspection report.

Level 4 - Special Inspections: Inspections under this heading typically include a one-time examination of a particular item. These examinations are normally made in support of a study or to verify or refute a suspected trend.

Level 5 - Vehicle-Only Inspection: An inspection that includes each vehicle inspection item specified under the North American Standard Inspection (Level 1), without a driver present, conducted at any location.

(Commercial Vehicle Safety Alliance (CVSA), CVSA Operations Manual, January 1996)

"Commercial Vehicle Safety Alliance (CVSA)" means the association of state/territory (United States), provincial/territory (Canada), and federal (Mexico) officials responsible for the administration and enforcement of motor carrier safety and hazardous materials laws in the United States, Canada and Mexico working together with the federal governments and industry to improve commercial vehicle safety. (CVSA Operations Manual, January 1996)

"Conviction" means an unvacated adjudication of guilt, or a determination that a person has violated or failed to comply with the law in a court of original jurisdiction or by an authorized administrative tribunal, an unvacated forfeiture of bail or collateral deposited to secure the person's appearance in court, a plea of guilty or nolo contendere accepted by the court, the payment of a fine or court cost, or violation of a condition of release without bail, regardless of whether or not the penalty is related, suspended or probated. (49 CFR 390.5, October 1, 1993) (49 CFR 390.5, October 1, 1993)

"Department" means the Department of Transportation of the State of Illinois, acting directly or through its duly authorized officers and agents. (Section 1-115.05 of the Code)

"Direct assistance" means transportation and other relief services provided by a motor carrier or its driver(s) incident to the immediate restoration of essential services (such as electricity, medical care, sewer, water, telecommunications, and telecommunication transmissions) or essential supplies (such as food and fuel). It does not include transportation related to long-term rehabilitation of damaged physical infrastructure or routine commercial deliveries after the initial threat to life and property has passed. (49 CFR 390.5, October 1,

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1993(1998)

"Disabling damage" means damage which precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.

Inclusions: Damage to motor vehicles that could have been driven, but would have been further damaged if so driven.

Exclusions:

Damage which can be remedied temporarily at the scene of the accident without special tools or parts.

Tire disassembly without other damage even if no spare tire is available.

Headlamp or taillight damage.

Damage to turn signals, horn or windshield wipers which makes them inoperative. (49 CFR 390.5, October 1, 1993) (49 CFR 390.5, October 1, 1993)

"Driving a commercial motor vehicle while under the influence of alcohol" means committing any one or more of the following acts in a CMV: driving a CMV while the person's alcohol concentration is 0.04 percent or more; driving under the influence of alcohol, as prescribed by state law; or refusal to undergo such testing as is required by any state or jurisdiction in the enforcement of "Commercial Driver's License Standards: Requirements and Penalties" (49 CFR 383.51(b)(2)(i)(A) or (B)) or "Driving of Motor Vehicles" (49 CFR 392.5(a)(2)). (49 CFR 390.5, October 1, 1993) (49 CFR 390.5, October 1, 1993)

"Driveaway-towaway operation" means any operation in which a motor vehicle constitutes the commodity being transported and one or more sets of wheels of the vehicle being transported are on the surface of the roadway during transportation. (49 CFR 390.5, October 1, 1993) (49 CFR 390.5, October 1, 1993)

"Driver" means any person who operates any commercial motor vehicle. (49 CFR 390.5, October 1, 1993) (49 CFR 390.5, October 1, 1993)

"Emergency" means any hurricane, tornado, storm (e.g., thunderstorm, snowstorm, ice storm, blizzard, sandstorm, etc.), high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, mud slide, drought, forest fire, explosion, blackout or other occurrence, natural or man-made, which interrupts the delivery of essential services (such as electricity, medical care, sewer, water, telecommunications, and telecommunication transmissions) or essential supplies (such as food and fuel) or otherwise immediately threatens

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human life or public welfare, provided such hurricane, tornado, or other event results in:

A declaration of an emergency by the President of the United States, the Governor of a state, or their authorized representatives having authority to declare emergencies; by the Regional Director of Motor Carriers for the region in which the occurrence happens; or by other Federal, State or local government officials having authority to declare emergencies, including but not limited to the Illinois Department of Transportation's Director, Division of Traffic Safety, or his designee; or

A request by a police officer for tow trucks to move wrecked or disabled motor vehicles. (49 CFR 390.5, October 1, 1993)1998)

"Emergency relief" means an operation in which a motor carrier or driver of commercial motor vehicle is providing direct assistance to supplement State and local efforts and capabilities to save lives or property or to protect public health and safety as a result of an emergency as defined in this Section. (49 CFR 390.5, October 1, 1993)1998)

"Employee" means:

A driver of a commercial motor vehicle (including an independent contractor while in the course of operating a commercial motor vehicle);

A mechanic;

A freight handler; and

Any individual, who in the course of his or her employment directly affects commercial motor vehicle safety, but such term does not include an employee of the United States, any state, any political subdivision of a state, or any agency established under compact between states approved by the Congress of the United States who is acting within the course of such employment. (49 CFR 390.5, October 1, 1993)1998)

"Employer" means any person engaged in a business affecting commerce who owns or leases a commercial motor vehicle in connection with that business, or assigns employees to operate it, but such term does not include the United States, any state, any political subdivision of a state, or any agency established under a compact between states approved by the Congress of the United States.

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"Exempt intracity zone" means the geographic area of a municipality or the commercial zone of that municipality described by the Federal Highway Administration (FHWA) in 49 CFR 374, subpart B. The descriptions are printed in Appendix F to the Federal Motor Carrier Safety Regulations. A driver may be considered to operate a vehicle wholly within an exempt intracity zone notwithstanding any common control, management, or arrangement for a continuous carriage or shipment to or from a point without such zone. (49 CFR 390.5, October 1, 1993)1998)

"Exempt motor carrier" means a person engaged in transportation exempt from economic regulation by the ICC under "Miscellaneous Motor Carrier Transportation Exemptions" (49 USC 10526). "Exempt motor carriers" are subject to the requirements set forth in the Illinois Motor Carrier Safety Regulations. (49 CFR 390.5, October 1, 1993)1998)

"farm to market agricultural transportation" means the operation of a motor vehicle controlled and operated by a farmer who is a private motor carrier of property; who is using the vehicle to transport agricultural products to or from a farm operated by the farmer, or to transport farm machinery or farm supplies to or from a farm operated by the farmer; and who is not using the commercial vehicle to transport hazardous materials of a type or quantity that requires the vehicle to be placarded in accordance with the Illinois Hazardous Materials Transportation Act. (Section 1-119.6 of the Code)

"Farm machinery" -- see definition of "Special Agricultural Movement Equipment" in this Section.

"Farm vehicle driver" means a person who drives only a commercial motor vehicle that is --

Controlled and operated by a farmer as a private motor carrier of property;

Being used to transport either --

Agricultural products, or

Farm machinery, farm supplies, or both, to or from a farm;

Not being used in the operation of a for-hire motor carrier;

Not carrying hazardous materials of a type or quantity that required the commercial motor vehicle to be placarded in accordance with 49 CFR 177.823; and

Being used within 150 air-miles of the farmer's farm.

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"Farmer" means any person who operates a farm or is directly involved in the cultivation of land, crops, or livestock which:

Are owned by that person; or

Are under the direct control of that person. (49 CFR 390.5, October 1, 1993)

"Fatality" means any injury which results in the death of a person at the time of the motor vehicle accident or within 30 days of the accident. (49 CFR 390.5, October 1, 1993)

"Federal Highway Administrator" means the chief executive of the Federal Highway Administration, an agency within the United States Department of Transportation. (49 CFR 390.5, October 1, 1993)

"For-hire" means the operation of a vehicle for compensation and subject to federal regulation by the Interstate Commerce Commission or to State regulation by the Illinois Commerce Commission and those vehicles governed by Chapters 8 and 9 under the Code and regulated by the Secretary of State. (Section 1-122.5 of the Code)

"For-hire motor carrier" means a person engaged in the transportation of goods or passengers for compensation. (49 CFR 390.5, October 1, 1993)

"Gross Combination Weight Rating (GCWR)" means the value specified by the manufacturer as the loaded weight of a combination (articulated) vehicle. In the absence of a value specified by the manufacturer, GCWR will be determined by adding the GVWR of the power unit and the total weight of the towed unit and any load thereon. (49 CFR 390.5, October 1, 1993)

"Gross Vehicle Weight Rating (GVWR)" means the value specified by the manufacturer as the loaded weight of a single motor vehicle. (49 CFR 390.5, October 1, 1993)

"Hazardous material" means a substance or material which has been determined by the Secretary of the United States Department of Transportation to be capable of posing an unreasonable risk to health, safety, and property when transported in commerce, and which has been so designated. (49 CFR 390.5, October 1, 1993)

"Hazardous substance" means a material, and its mixtures or solutions, that is identified in Appendix A to 49 CFR 172.101, List of Hazardous Substances and Reportable Quantities when offered for transportation in one package, or in one transport vehicle if not packaged, and when the quantity of the material therein equals or exceeds the reportable

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quantity (RQ). This definition does not apply to petroleum products that are lubricants or fuels, or to mixtures or solutions of hazardous substances if in a concentration less than that shown in the table in "General Information, Regulations and Definitions" (49 CFR 171.8) based on the reportable quantity (RQ) specified for the materials listed in Appendix A to 49 CFR 172.101. (49 CFR 390.5, October 1, 1993)

"Hazardous waste" means any material that is subject to the hazardous waste manifest requirements of the EPA specified in "Standards Applicable to Generators of Hazardous Waste" (40 CFR 262) or would be subject to these requirements absent an interim authorization to a state under "State Program Requirements" (40 CFR 123), Subpart F. (49 CFR 390.5, October 1, 1993)

"Highway" means any road, street, or way, whether on public or private property, open to public travel. "Open to public travel" means that the road section is available, except during scheduled periods, extreme weather or emergency conditions, passable by four-wheel standard passenger cars, and open to the general public for use without restrictive gates, prohibitive signs, or regulation other than restrictions based on size, weight, or class of registration. Toll plazas of public toll roads are not considered restrictive gates. (49 CFR 390.5, October 1, 1993)

"Illinois Motor Carrier Safety Regulations (IMCSR)" means the requirements established in Parts 386, 390, 391, 392, 393, 395, 396 and 397 (92 Ill. Adm. Code: Chapter I, Subchapter d).

"Illinois State Police" means any individual officer of the Illinois State Police.

"Implement of husbandry" means every vehicle designed and adapted exclusively for agricultural, horticultural, or livestock raising operations, including farm wagons, wagon trailers or like vehicles used in connection therewith, or for lifting or carrying an implement of husbandry provided that no farm wagon, wagon trailer or like vehicle having a gross weight of more than 36,000 pounds, shall be included hereunder. (Section 1-130 of the Code)

"Interstate commerce" means transportation between two or more states or transportation originating in one state and passing into or through other states for delivery in another state. (Section 1-133 of the Code)

"Intrastate commerce" means any trade, traffic, or transportation in Illinois which is not described in the term "interstate commerce." (49 CFR 390.5, October 1, 1993)

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"Law" means the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].

"Medical Examiner" means a person who is licensed, certified, and/or registered, in accordance with applicable State laws and regulations, to perform physical examinations. Pursuant to the Illinois Medical Practice Act [225 ILCS 60], the term only includes doctors of medicine, doctors of osteopathy, and doctors of chiropractic.

"Motor carrier" means a for-hire motor carrier or a private motor carrier. The term "motor carrier" includes a motor carrier's agents, officers and representatives as well as employees responsible for hiring, supervising, training, assigning, or dispatching of drivers and employees concerned with the installation, inspection, and maintenance of motor vehicle equipment and/or accessories. For purposes of the IMCSR, the definition of "motor carrier" includes the terms "employer" and "exempt motor carrier." (49 CFR 390.5, October 1, 1999) ~~(49 CFR 390.5, October 1, 1999)~~

"Motor vehicle" means any vehicle, machine, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used upon the highways in the transportation of passengers or property, or any combination thereof determined by the Federal Highway Administration, but does not include any vehicle, locomotive, or car operated exclusively on a rail or rails, or a trolley bus operated by electric power derived from a fixed overhead wire, furnishing local passenger transportation similar to street-railway service. (49 CFR 390.5, October 1, 1999) ~~(49 CFR 390.5, October 1, 1999)~~

"Multiple-employer driver" means a driver who, in any period of 7 consecutive days, is employed or used as a driver by more than one motor carrier. (49 CFR 390.5, October 1, 1999) ~~(49 CFR 390.5, October 1, 1999)~~

"North American Uniform Out-Of-Service Criteria" means a set of guidelines established by the CUSA and recognized by all states, the provinces of Canada, and Mexico as acceptable standards for identifying driver violations and critical vehicle inspection items that may render a driver, a commercial motor vehicle or a hazardous material load out-of-service. The criteria is enforced in some States by qualified law enforcement officers of a municipality, county, state or the federal government. In Illinois, only qualified officers of the Illinois State Police and the federal government have authority to enforce the out-of-service criteria.

"Operator" -- see driver.

"Other terms" -- any other term used in the IMCSR is used in its commonly accepted meaning, except where such other term has been

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defined elsewhere in the IMCSR. In that event, the definition therein given shall apply. (49 CFR 390.5, October 1, 1999) ~~(49 CFR 390.5, October 1, 1999)~~

"Out-of-service order" means a declaration by the Illinois State Police or by an authorized enforcement officer of a Federal, State, Canadian, Mexican or local jurisdiction that a driver, a commercial motor vehicle, or a motor carrier operation, is out-of-service pursuant to 49 CFR 386.72, 49 CFR 392.5, 49 CFR 395.13, 49 CFR 396.9, or compatible laws, or the North American Uniform Out-of-Service Criteria as defined in this Section. (49 CFR 390.5, October 1, 1999) ~~(49 CFR 390.5, October 1, 1999)~~

"person" means any natural person or individual, governmental body, firm, association, partnership, copartnership, joint venture, company, corporation, joint stock company, trust, estate or any other legal entity or their legal representative, agent or assigns. (Section 18B-101 of the Law)

"Planting and harvesting season" means the period of February 1 through November 30 each year.

"Principal place of business" means a single location designated by the motor carrier, normally its headquarters, for purposes of identification under this Subchapter d. The motor carrier must make records required by 49 CFR 382 and 49 CFR 387, as well as Parts 390, 391, 395, 396, and 397 of this Subchapter d, available for inspection at this location within 48 hours (Saturdays, Sundays, and Federal or State holidays excluded) after a request has been made by a special agent or authorized representative of the Federal Highway Administration or the Illinois Department of Transportation. (49 CFR 390.5, October 1, 1999) ~~(49 CFR 390.5, October 1, 1999)~~

"Private motor carrier" means a person who provides transportation of property or passengers, by commercial motor vehicle, and is not a for-hire motor carrier. (49 CFR 390.5, October 1, 1999) ~~(49 CFR 390.5, October 1, 1999)~~

"Private motor carrier of passengers (business)" means a private motor carrier engaged in the interstate or intrastate transportation of passengers which is provided in the furtherance of a commercial enterprise and is not available to the public at large. (49 CFR 390.5, October 1, 1999) ~~(49 CFR 390.5, October 1, 1999)~~

"Private motor carrier of passengers (nonbusiness)" means a private motor carrier involved in the interstate or intrastate transportation of passengers that does not otherwise meet the definition of a private motor carrier of passengers (business). (49 CFR 390.5, October 1, 1999) ~~(49 CFR 390.5, October 1, 1999)~~

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"Radar detector" means any device or mechanism to detect the emission of radio microwaves, laser beams or any other future speed measurement technology employed by enforcement personnel to measure the speed of commercial motor vehicles upon public roads and highways for enforcement purposes. Excluded from this definition are radar detection devices that meet both of the following requirements:

Transported outside the driver's compartment of the commercial motor vehicle. For this purpose, the driver's compartment of a passenger-carrying CMV shall include all space designed to accommodate both the driver and the passengers; and

Completely inaccessible to, inoperable by, and imperceptible to the driver while operating the commercial motor vehicle. (49 CFR 390.5, October 1, 1999) (999)

"Regional Director of Motor Carriers" means the Director of the Office of Motor Carriers, Federal Highway Administration; for a given geographical region of the United States. (49 CFR 390.5, October 1, 1999) (999)

"Residential district" means the territory adjacent to and including a highway which is not a business district and for a distance of 300 feet or more along the highway is primarily improved with residences. (49 CFR 390.5, October 1, 1999) (999)

"School bus" means a passenger motor vehicle which is designed or used to carry more than 10 passengers in addition to the driver, and which the Secretary of the United States Department of Transportation determines is likely to be significantly used for the purpose of transporting preprimary, primary or secondary school students to such schools from home or from such schools to home. (49 CFR 390.5, October 1, 1999) (999)

"School bus operation" means the use of a school bus to transport only school children and school personnel from home to school and from school to home and for intrastate sanctioned school functions.

"Secretary" means the Secretary of the Illinois Department of Transportation.

"Single-employer driver" means a driver who, in any period of 7 consecutive days, is employed or used as a driver solely by a single motor carrier. This term includes a driver who operates a commercial motor vehicle on an intermittent, casual, or occasional basis. (49 CFR 390.5, October 1, 1999) (999)

"Special agent" - See 49 CFR Appendix B to Subchapter B of Chapter

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

## III.

"Special agricultural movement equipment" means a vehicle of the second division having a corn shelter, a welder, a hay press, clover huller, feed mixer and unloader or other farm machinery permanently mounted thereon and used solely for transporting the same, farm wagon type trailers having a fertilizer spreader attachment permanently mounted thereon, having a gross weight of not to exceed 36,000 pounds and farm wagon type tank trailers (i.e., nurse tanks) not to exceed 2,000 gallon capacity. Also includes any single unit self-propelled agricultural fertilizer implement, designed for both on and off road use, equipped with flotation tires and otherwise especially adapted for the application of plant food materials or agricultural chemicals. (Section 3-809 of the Code)

"State" means a state of the United States and the District of Columbia and includes a political subdivision of a state. (49 CFR 390.5, October 1, 1999) (999)

"Trailer" includes:

"Full trailer" means any motor vehicle other than a pole trailer which is designed to be drawn by another motor vehicle and so constructed that no part of its weight, except for the towing device, rests upon the self-propelled towing motor vehicle. A semitrailer equipped with an auxiliary front axle (converter dolly) shall be considered a full trailer. (49 CFR 390.5, October 1, 1999) (999)

"Pole trailer" means any motor vehicle which is designed to be drawn by another motor vehicle and attached to the towing vehicle by means of a "reach" or "pole," or by being "boomed" or irregularly secured to the towing vehicle, for transporting long or otherwise shaped loads such as poles, pipes, or structural members, which generally are capable of sustaining themselves as beams between the supporting connections. (49 CFR 390.5, October 1, 1999) (999)

"Semitrailer" means any motor vehicle, other than a pole trailer, which is designed to be drawn by another motor vehicle and is constructed so that some part of its weight rests upon the self-propelled towing vehicle. (49 CFR 390.5, October 1, 1999) (999)

"Truck" means any self-propelled commercial motor vehicle except a truck tractor, designed and/or used for the transportation of property. (49 CFR 390.5, October 1, 1999) (999)



## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

"Truck tractor" means a self-propelled commercial motor vehicle designed and/or used primarily for drawing other vehicles. (49 CFR 390.5, October 1, 1993+1998)

"United States" means the 50 states and the District of Columbia. (49 CFR 390.5, October 1, 1993+1998)

"US DOT" means the United States Department of Transportation.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART B: GENERAL REQUIREMENTS AND INFORMATION

## Section 390.2000 Incorporation by Reference

- a) 49 CFR 390, subparts B and D are hereby incorporated by reference as those subparts of the Federal Motor Carrier Safety Regulations (FMCSR) were in effect on October 1, 1999, as amended at 65 FR 35287, June 2, 2000 +1998, subject only to the exceptions in subsection (b). No later amendments to or editions of 49 CFR 390, subpart B, and D are incorporated.
- b) The following interpretations of, additions to and deletions from 49 CFR 390, subparts B and D shall apply for the purposes of this Subpart.

- 1) 49 CFR 390-9 is deleted and not incorporated.
- 2) 49 CFR 390.15 is not incorporated and the following is substituted therefor:

A motor carrier shall make all records and information pertaining to an accident available to an authorized representative or special agent of the Federal Highway Administration or Illinois Department of Transportation upon request or as part of any inquiry within such time as the request or inquiry may specify. A motor carrier shall give an authorized representative of the Federal Highway Administration or Illinois Department of Transportation all reasonable assistance in the investigation of any accident including providing a full, true and correct answer to any question of the inquiry.

- 3) 49 CFR 390.21 applies only to commercial motor vehicles engaged in interstate commerce.

- 4) 49 CFR 390.23(a)(2)(i)(A) is not incorporated and the following is substituted therefor:

An emergency has been declared by a Federal, State or local government official having authority to declare an emergency, including but not limited to the Illinois Department of Transportation's Director, Division of Traffic Safety, or his designee.

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

- 5) 49 CFR 390.25 applies only to commercial motor vehicles engaged in interstate commerce.
- 6) 49 CFR 390.29(b) is not incorporated and the following is substituted therefor:

All records and documents required by this Subchapter d that are maintained at a regional office or driver work-reporting location shall be made available for inspection upon request by a special agent or authorized representative of the Federal Highway Administration or Illinois Department of Transportation at the motor carrier's principal place of business or other location specified by the agent or representative within 48 hours after a request is made. Saturdays, Sundays, and Federal and State holidays are excluded from the computation of the 48-hour period of time.

- 7) 49 CFR 390, subpart D applies only to commercial motor vehicles engaged in interstate commerce.

- 8) Any reference to "this Part" in the incorporated material shall mean 92 Ill. Adm. Code 390.

- 9) Any reference to "this Chapter" or "this Subchapter" in the incorporated material shall mean 92 Ill. Adm. Code: Chapter 1, Subchapter d.

- 10) Any reference to a section in the incorporated material shall be read to refer to that Section in the IMSCR.

- 11) Any reference to "Part 325 of Subchapter A" shall be read to refer to "Compliance with Interstate Motor Carrier Noise Emission Standards." (49 CFR 325, October 1, 1993+1998)

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning this proposed rulemaking. Written submissions shall be filed with:

Mr. David Johnson, Maintenance Operations Engineer  
 Illinois Department of Transportation  
 Bureau of Operations  
 2300 South Dirksen Parkway  
 Room 009  
 Springfield, Illinois 62764  
 (217) 782-2984

JCAR requests, comments and concerns regarding this rulemaking should be addressed to:

Ms. Christine Caronna-Beard, Rules Manager  
 Illinois Department of Transportation  
 2300 South Dirksen Parkway, Room 311  
 Springfield, Illinois 62764  
 (217) 782-3215

Comments received within forty-five days after the date of publication of this *Illinois Register* will be considered. Comments received after that time will be considered, time permitting.

12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: None  
 B) Reporting, bookkeeping or other procedures required for compliance: None  
 C) Types of professional skills necessary for compliance: None

- 13) Regulatory Agenda on which this rulemaking was summarized: July 2000

The full text of the Proposed Amendments begins on the next page:

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Oversize and Overweight Permit Movements on State Highways

- 2) Code Citation: 92 Ill. Adm. Code 554

- 3) Section Numbers: Proposed Action:

554.204 Amend  
 554.315 New Section  
 554.418 Amend  
 554.430 New Section  
 554.807 New Section  
 554.911 Amend

- 4) Statutory Authority: Implementing and authorized by Article III of the Illinois Size and Weight Law [625 ILCS 5/Ch. 15, Art. III].

- 5) A Complete Description of the Subjects and Issues Involved: Following is a summary of the major changes to this Part.

At Section 554.204(e), the Department is removing language that limits the movement of manufactured homes.

At Sections 554.315 and 554.430, the Department is adding Sections that define "Violation of Permit" and "Assigned Permitted Route." Section 554.315 will assist the State Police in determining what is and is not a violation. Section 554.430 will allow a one mile access to obtain fuel, food and rest for the driver and to allow the legal return to the permitted route when a vehicle mistakenly goes off the route.

At Section 554.807, limited continuous operation permits will be available to enable tow trucks to remove over-weight disabled vehicles from State highways.

At Section 554.911, a revision is being made to allow for a higher minimum fee for the use of State Police escorts in the Chicago District.

- 6) Will this proposed rulemaking replace an emergency rulemaking currently in effect? No

- 7) Does this rulemaking contain an automatic repeal date? No

- 8) Does this proposed amendment contain incorporations by reference? No

- 9) Are there any other proposed amendments pending on this Part? No

- 10) Statement of Statewide Policy Objectives: This rulemaking will not affect units of local government.

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

TITLE 92: TRANSPORTATION  
 CHAPTER 1: DEPARTMENT OF TRANSPORTATION  
 SUBCHAPTER f: HIGHWAYS

## PART 554

## OVERSIZE AND OVERWEIGHT PERMIT MOVEMENTS ON STATE HIGHWAYS

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## Section

554.101 Legal Authority  
 554.102 Partial Invalidity  
 554.103 Scope  
 554.104 When a Permit is Required  
 554.105 To Whom Permits are Issued  
 554.106 A Permit is a Legal Document  
 554.107 Penalties  
 554.108 Insurance  
 554.109 For-Hire Moves  
 554.110 Illinois Motor Vehicle Laws  
 554.111 General IDT Information  
 554.112 IDT Registration

## SUBPART B: TYPES OF PERMITS

## Section

554.201 Permits for Single Trip Movements  
 554.202 Permits for Round Trips  
 554.203 Permits for Repeated Moves of Like Objects  
 554.204 Permits for Limited Continuous Operation  
 554.205 Permits for Repeated Moves Directly Across a Highway  
 554.206 Permits for the Movement of Overweight 2-Axle Truck Loaded With Sweet Corn, Soybeans, Corn, Wheat, Milo, or Other Small Grains and Ensilage  
 554.207 Permits for the Movement of Construction Equipment within a Construction Zone  
 554.208 Supplemental Permits  
 554.209 Scope: Duty of Permittee to Read Permit Upon Receipt  
 554.210 Extension of Permits  
 554.211 Revision of Permits  
 554.212 Fraudulent Permit

## SUBPART C: ISSUANCE OF PERMITS

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554.301 Transmission Media  
 554.302 Original Transmission Only is Valid as Permit (Repealed)  
 554.303 When Permits are Issued  
 554.304 Permit Office

## DEPARTMENT OF TRANSPORTATION

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District Offices  
 554.305 Method of Application  
 554.306 Data Needed on Application  
 554.307 Responsibilities of the Department in Analysis of Applications  
 554.308 Preliminary Application for Estimating Purposes for Proposed Moves  
 554.309 Procedure Following Arrest for Violation  
 554.310 Subsequent Permits Following a Violation  
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 554.312 Permits for Moves Over Local Roads  
 554.313 Moves Upon Structures Located on a Local Street or Highway Spanning an Interstate or Controlled Access Highway  
 554.314 Definition of Violation of Permit

## SUBPART D: GENERAL CONDITIONS AND PROVISIONS

## Section

554.401 Conditions and Restrictions  
 554.402 Short Form Permits  
 554.403 Form BR 993  
 554.404 When Flagmen are Required (Repealed)  
 554.405 Qualifications for Flagmen (Repealed)  
 554.406 Duty of Flagmen (Repealed)  
 554.407 When Escort Vehicles Are Required  
 554.408 Requirements for Civilian Escorts  
 554.409 Manufactured Homes  
 554.410 Overdimension  
 554.411 Overweight Moves  
 554.412 Axle Suspension for Legal Weight Moves  
 554.413 Axle Suspension for Overweight Moves  
 554.414 Buildings  
 554.415 Farm Tractors Prohibited as Towing Vehicle  
 554.416 Double-Bottom Units  
 554.417 Flags  
 554.418 Rotating or Flashing Amber Lights  
 554.419 Oversize Load Signs  
 554.420 General Speed Limits for Permit Movements  
 554.421 Moves in Convoys Prohibited  
 554.422 When Moves May be Made  
 554.423 Moves Over Posted Load Roads and Bridges  
 554.424 Time Limits  
 554.425 Deviation from Authorized Routes  
 554.426 Permit Must be Carried with the Move  
 554.427 Closure of Highway for Permit Movement  
 554.428 Right-of-Way During Movement  
 554.429 Legal Height Movements  
 554.430 Assigned Permitted Route

## SUBPART E: OVERDIMENSION VEHICLES AND LOADS

DEPARTMENT OF TRANSPORTATION  
NOTICE OF PROPOSED AMENDMENTS

SUBPART H: EMERGENCIES AND HAZARDOUS MATERIALS

General  
Manufactured Home Emergency Moves  
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Remittance  
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Bonded Charge Accounts  
Refunds  
Security Requirements  
Basis for Fees  
Supplemental Permit Fees  
Service Charge for Special Handling  
Fees for Buildings and Special Moves  
Fee for Engineering Inspections and Investigations  
Fees for Illinois State Police Escorts  
Special Categories of Fees (Repealed)  
Other Overweight Fees (Repealed)  
Fees for Round Trip and Repeat Move of Like Object Permits (Repealed)  
Fee Schedules (Tables 1, 2, and 3) (Repealed)

APPENDIX A Data Relative to Vehicles Authorized to Operate on Illinois Highways (Repealed)  
APPENDIX B Legal Gross Weights of Vehicles and Combinations of Vehicles Authorized by Section 15-111, Illinois Vehicle Code (Repealed)  
APPENDIX C Application Form BT 1928 (Repealed)  
APPENDIX D Special Vehicle Movement Permit - Form BT 993 (Repealed)  
APPENDIX E Form BT 750 (Repealed)  
APPENDIX F Form BT 751 (Repealed)  
APPENDIX G Application for Establishment of an Open Account with the Permit Section, Bureau of Traffic (Form BT 1932) (Repealed)  
APPENDIX H Bond for Payment of Special Permit Fees and Charges to Illinois Department of Transportation for Movement of Vehicles of Excess Dimensions or Weight Over Illinois Highways (Form BT 1931) (Repealed)

AUTHORITY: Implementing and authorized by Article III of the Illinois Size and Weight Law [625 ILCS 5/Ch. 15, Art. III].

DEPARTMENT OF TRANSPORTATION  
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554.501 Scope  
554.502 Legal Dimensions  
554.503 Exceptions to Legal Limitations  
554.504 Overwidth up to 14 Feet 6 Inches Wide  
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554.509 Maximum Size Manufactured Home, Modular Home, or Oversize Storage Building

554.510 Manufactured Home Frames  
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554.512 Size of Building that may be Moved  
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SUBPART F: OVERWEIGHT VEHICLES AND LOADS

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554.601 Scope  
554.602 Legal Weights  
554.603 Exceptions to Legal Weights  
554.604 Practical Maximum Weights  
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554.606 Maximum Weight on Chicago Expressways  
554.607 Movement to a Designated Scale  
554.608 Status of Permittee While Enroute to the Scale  
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Section  
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554.705 Disabled Vehicles  
554.706 Implements of Husbandry  
554.707 Road Testing of Vehicles or Equipment  
554.708 Secret Files  
554.709 Government Moves by Commercial Carriers  
554.710 Military Moves by Service Personnel

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## NOTICE OF PROPOSED AMENDMENTS

SOURCE: Emergency rules adopted at 4 Ill. Reg. 2, p. 256, effective January 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 24, p. 586, effective May 29, 1980; codified at 7 Ill. Reg. 9672; amended at 11 Ill. Reg. 3248, effective February 3, 1987; amended at 12 Ill. Reg. 1232, effective July 29, 1988; amended at 20 Ill. Reg. 2565, effective January 25, 1996; amended at 21 Ill. Reg. 2682, effective February 10, 1997; amended at 23 Ill. Reg. 706, effective December 30, 1998; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART B: TYPES OF PERMITS

## Section 554.204 Permits for Limited Continuous Operation

Permits for limited continuous operation are available for the movement of overdimension legal weight pieces of construction equipment, manufactured mobile homes, storage buildings or trusses. These permits are valid for a period of three months or one year except as otherwise indicated. The following items are pertinent:

- a) Limited Continuous Operation Permits may be issued for the movement of overdimension construction equipment or vehicles, provided:

- 1) The movement will consist of a specific vehicle, a designated piece of construction equipment, or a "like" load. The vehicle or load may be moved on a specific vehicle, under its own power, or on an IPT registered vehicle combination. A "like" load must be the same as the load described in the permit, including make and model. In order to minimize trips and conserve fuel, a permittee may haul, along with the designated object or "like" load, an additional legal size object, provided it is loaded within the legal width, height, and length dimensions and the axle and gross weights are legal;

- 2) The vehicle or combination of vehicles is properly licensed if plates are required; and

- 3) The overall width does not exceed 12 feet.

- b) A permit may be obtained to move an overdimension empty vehicle that is normally used to haul oversize or overweight permit loads. Such permits are needed when returning empty after having delivered an oversize or overweight piece of equipment. In order to minimize trips and conserve fuel, the permittee may, instead of returning empty, haul a legal size object with this permit, provided the axle and gross weights are legal and the object is loaded to conform to the legal width, height, and length limits.

- c) Limited Continuous Operation Permits for the movement of manufactured mobile homes or modular sections may be issued, provided:

- 1) The overall width does not exceed 16 ft 2 inches and height of 15 feet;
- 2) The overall length of manufactured mobile home and towing vehicle does not exceed 115 ft 8 inches;

## DEPARTMENT OF TRANSPORTATION

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- 3) The applicant is a dealer licensed by the Secretary of State of Illinois or by another state to do business as a manufactured mobile home dealer; a hauler having an Illinois Commerce Commission permit; a hauler having an Interstate Commerce Commission permit; a manufacturer of mobile home manufacturer; or a Federal, State, or local governmental agency.

- d) Limited Continuous Operation Permits may be issued for highway construction, transportation, utility, and maintenance equipment owned and operated by a local governmental authority for a period of one year.

- e) Limited Continuous Operation Permits may be issued for mobile homes, modular sections, or storage buildings up to 16 feet wide. These permits will also be issued up to a height of 15 feet 8 inches and length up to 99 feet 6 inches. Movement under authority of these permits is greater than 12 feet wide and/or 14 feet 6 inches high. It is limited to a radius of 149 highway miles from the origin.

- f) Limited Continuous Operation Permits may be issued for trusses up to 14 feet wide and 115 feet long.

- g) Limited Continuous Operation Permits may be issued for homogenous oversize items of any nature provided:

- 1) The overall width does not exceed 12 feet.
- 2) The overall length does not exceed 115 feet.
- 3) The overall height does not exceed 14 feet 6 inches.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.)

## SUBPART C: ISSUANCE OF PERMITS

## Section 554.315 Definition of Violation of Permit

- a) When operating under authority of an oversize/overweight permit issued by the Illinois Department of Transportation, the following list of offenses shall be considered a violation of permit and will not render the entire permit null and void:

- 1) Incorrect license number or state;
- 2) Incorrect make, model, description or serial number;
- 3) Incorrect numbers of axles;
- 4) Gross, tandem or single axle weights that are in excess of those permitted. In this case, the violator may be fined for the excess weight in addition to the violation of permit;
- 5) Incorrect width, height, and length of the permit load;
- 6) Failure to comply with the general conditions, specific provisions, and notes listed on the permit;
- 7) Movement of the permit load within one day before or one day after the effective or expiration dates.

- b) This list is not comprehensive, but reflects the most prevalent instances of violation of permit. Under a violation of permit, the

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

permittee must either bring the permit load into conformance with the conditions of the permit or purchase a new permit before continuing.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART D: GENERAL CONDITIONS AND PROVISIONS

**Section 554.418 Rotating or Flashing Amber Lights**

- a) Rotating or flashing amber lights mounted on top of the vehicle, and on the rear of the load, if necessary shall be in operation during the movement of all oversize and/or overweight permit loads and shall have sufficient intensity, when illuminated, to be visible at 500 feet in normal sunlight. The lights may augment, but not supersede, flagmen or escorts. The rotating or flashing amber lights must be clearly visible to traffic approaching from the front and the rear of the transport vehicles for at least 500 feet. Emergency moves at night, if authorized, shall also display rotating or flashing amber lights. (See 625 ILCS 5/12-215(b)(5).)
- b) Vehicles transporting objects over 80 feet in length shall be equipped with two rotating or flashing amber lights: one over the cab of the vehicle; the other within 10 feet of the rear of the object, mounted as high as practical over it.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.430 Assigned Permitted Route**

The assigned permit route includes a distance of one mile onto another contiguous state jurisdiction highway provided that no structures are crossed, no posted weight limits are exceeded, overdimensional moves are not obstructed, all other provisions of the permit are followed and the route is used for any of the following reasons:

- To obtain fuel or repair;
- To provide for food or rest for the driver;
- To allow for the legal return to a permitted route after mistakenly going off route;
- To comply with regulatory signs to weigh.

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART H: EMERGENCIES AND HAZARDOUS MATERIALS

**Section 554.807 Disabled Vehicles**

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Limited Continuous Operation Permits are available to remove disabled vehicles from the point of disablement on Illinois highways to a site not exceeding 50 miles from that initial hook-up point. No single rear axle shall exceed 26,000 pounds and no tandem rear axle shall exceed 50,000 pounds. (See 625 ILCS 5/15-301(n).)

(Source: Added at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART I: FEES

**Section 554.911 Fees for Illinois State Police Escorts**

The following fees for the use of Illinois State Police escorts shall be paid by the applicant to the Permit Office: \$40 per hour per vehicle, based upon preestimated time of movement to be agreed upon between the Department and applicant. Adjustments in the fee may be made for any overcharges after all aspects of the move are completed. Minimum fee, \$80 per vehicle. Minimum fee, \$160 per vehicle Chicago District only.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

DEPARTMENT OF TRANSPORTATION  
NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Parts and Accessories Necessary for Safe Operation
- 2) Code Citation: 92 Ill. Adm. Code 393
- 3) Section Numbers: Proposed Action:  
393.2000 Amend
- 4) Statutory Authority: Implementing and authorized by Sections 18b-102 and 18b-105 of the Illinois Motor Carrier Safety Law (625 ILCS 5/Ch. 18).
- 5) A complete description of the subjects and issues involved: By this Notice, the Department is proposing to update the incorporation by reference date of the Code of Federal Regulations (CFR) to the October 1, 1999 edition that is the most recent edition of the CFR.
- 6) Will this proposed rulemaking replace an emergency rulemaking currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This amendment affects units of local government that own or operate commercial motor vehicles in Illinois.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning this proposed rule. Written submissions shall be filed with:

By U.S. Mail:

Ms. Catherine Allen  
Illinois Department of Transportation  
Division of Traffic Safety  
P.O. Box 19212  
Springfield, Illinois 62794-9212  
(217) 785-1181

By Messenger or Inter-Agency Mail:

DOT Annex Building  
3215 Executive Park Drive  
Commercial Vehicle Safety; 3rd Floor  
Springfield, Illinois

DEPARTMENT OF TRANSPORTATION  
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JCAR requests, comments and concerns regarding this rulemaking should be addressed to:

Ms. Christine Caronna-Beard, Rules Manager  
Illinois Department of Transportation  
2300 South Dirksen Parkway, Room 311  
Springfield, Illinois 62764  
(217)782-3215

Comments received within 45 days after the date after publication of this Illinois Register will be considered. Comments received after that time will be considered, time permitting.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: This amendment will affect small businesses, small municipalities and not for profit corporations that own or operate commercial motor vehicles in Illinois.

B) Reporting, bookkeeping or other procedures required for compliance: No additional procedures are required for compliance.

C) Types of professional skills necessary for compliance: No new or additional skills are necessary for compliance.

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: The Department did not anticipate the need for the rulemaking at the time.

The full text of the Proposed Amendments begins on the next page:



## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 92: TRANSPORTATION

## CHAPTER 1: DEPARTMENT OF TRANSPORTATION

## SUBCHAPTER 6: MOTOR CARRIER SAFETY REGULATIONS

## PART 393

## PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION

## Section

393.1000

General

393.2000 Incorporation by Reference of 49 CFR 393

AUTHORITY: Implementing, and authorized by Sections 18b-102 and 18b-105 of, the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].

SOURCE: Adopted at 14 Ill. Reg. 15537, effective September 10, 1990; amended at 15 Ill. Reg. 13185, effective August 21, 1991; amended at 18 Ill. Reg. 774, effective January 11, 1994; amended at 19 Ill. Reg. 13070, effective August 30, 1995; amended at 20 Ill. Reg. 15362, effective November 18, 1996; amended at 23 Ill. Reg. 5124, effective March 31, 1999; amended at 24 Ill. Reg. 1974, effective January 19, 2000; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 393.2000 Incorporation by Reference of 49 CFR 393**

- a) "Parts and Accessories Necessary for Safe Operation" (49 CFR 393) is incorporated by reference as that part of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR 390, 391, 392, 393, 395, 396 and 397) that was in effect on October 1, ~~1993~~~~1998~~~~as amended--at--64--CFR 4588b--March--31--1999~~, subject only to the exceptions in subsection (c). No later amendments to or editions of 49 CFR 393 are incorporated.
- b) References to subchapters, parts, subparts, sections or paragraphs shall be read to refer to the appropriate citation in 49 CFR.
- c) The following interpretations of, additions to, and deletions from 49 CFR 393 shall apply for purposes of this Part.
  - 1) ~~engaged in intrastate commerce which were manufactured before June 30, 1972 (Section 18b-105(c)(1) of the Illinois Motor Carrier Safety Law (the Law) [625 ILCS 5/18b-105(c)(1)]).~~  
49 CFR 393.86 shall not apply for those vehicles registered as farm trucks under Section 3-815(c) of the Illinois Vehicle Code (the Code) [625 ILCS 5/3-815(c)] and utilized in intrastate commerce (Section 18b-105(c)(2) of the Law).
  - 3) Authorized Illinois State Police shall place vehicles out-of-service for any violation of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B] or the Illinois Motor Carrier Safety Regulations that warrants placing the vehicle out-of-service under the "North American Uniform Out-of-Service

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

Criteria" as defined at 92 Ill. Adm. Code 390.1020.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Procedures and Enforcement2) Code Citation: 92 Ill. Adm. Code 3863) Section Numbers: Proposed Action:  
386.1120 Amend4) Statutory Authority: Implementing and authorized by Sections 18b-102 and 18b-105 of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].

5) A complete description of the subjects and issues involved: By this Notice, the Department is proposing to add to the criterion that must be met when a Notice of Intent to Assess Civil Monetary Penalty is issued. The addition includes a statement that if the respondent does not reply to the Notice of Intent to Assess Civil Monetary Penalty within 30 days of service upon the respondent, the Secretary of the Department will order the assessment of the civil penalty stated in the Notice. Some operators of commercial motor vehicles fail to respond to the Department's Notice of Intent to Assess Civil Monetary Penalty, therefore, this amendment is necessary to increase the likelihood that those carriers will respond or they will be automatically assessed the civil penalty.

6) Will this proposed rulemaking replace an emergency rulemaking currently in effect? No7) Does this rulemaking contain an automatic repeal date? No8) Does this proposed amendment contain incorporations by reference? No9) Are there any other amendments pending on this Part? No10) Statement of Statewide Policy Objectives: This rulemaking affects units of local government that own or operate commercial motor vehicles in Illinois.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning this proposed rulemaking. Written submissions shall be filed with:

By U.S. Mail:

Ms. Catherine Allen  
Illinois Department of Transportation  
Division of Traffic Safety  
P.O. Box 19212  
Springfield, Illinois 62794-9212  
(217) 785-1181

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

By Messenger or Inter-Agency Mail:

DOT Annex Building  
3215 Executive Park Drive  
Commercial Vehicle Safety; 3rd Floor  
Springfield, Illinois

JCAR requests, comments and concerns regarding this rulemaking should be addressed to:

Ms. Christine Caronna-Beard, Rules Manager  
Illinois Department of Transportation  
2300 South Dirksen Parkway, Room 311  
Springfield, Illinois 62764  
(217) 782-3215

Comments received within 45 days after the date after publication of this *Illinois Register* will be considered. Comments received after that time will be considered, time permitting.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: This amendment will affect small businesses, small municipalities and not for profit corporations that own or operate commercial motor vehicles in Illinois.

B) Reporting, bookkeeping or other procedures required for compliance: No additional procedures are required for compliance.

C) Types of professional skills necessary for compliance: No new or additional skills are necessary for compliance.

13) Regulatory Agenda on which this rulemaking was summarized: July 2000

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF TRANSPORTATION  
NOTICE OF PROPOSED AMENDMENTSTITLE 92: TRANSPORTATION  
CHAPTER I: DEPARTMENT OF TRANSPORTATION  
SUBCHAPTER d: MOTOR CARRIER SAFETY REGULATIONSPART 386  
PROCEDURES AND ENFORCEMENT

## SUBPART A: GENERAL PROVISIONS

Section  
386.1000 Scope  
386.1010 Definitions  
386.1020 Service  
386.1030 Subpoenas

## SUBPART B: ENFORCEMENT

Section  
386.1040 Responsibility for Enforcement  
386.1050 Investigations  
386.1060 Inspection of Records and Motor Vehicles  
386.1070 Out of Service  
386.1080 Record of Inspection  
386.1090 Warning Letter  
386.1100 Maximum Penalties  
386.1120 Commencement of Civil Penalty Proceeding  
386.1130 Reply  
386.1140 Payment of Penalty  
386.1150 Request for Hearing  
386.1160 Hearing  
386.1170 Presiding Officer's Decision  
386.1180 Assessment Considerations  
386.1190 Appeal  
386.1200 Willful Violations

## SUBPART C: PUBLIC UTILITY EXEMPTIONS

Section  
386.1300 Purpose and Scope  
386.1310 Exemptions for a Public Utility  
386.1320 Initial Exemptions: Application and Review  
386.1330 Renewals  
386.1340 Expiration and Termination of an Exemption  
386.1350 Appeal

**AUTHORITY:** Implementing, and authorized by Sections 18b-102 and 18b-105 of, the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].

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SOURCE: Adopted at 14 Ill. Reg. 15542, effective September 10, 1990; amended at 18 Ill. Reg. 778, effective January 11, 1994; amended at 19 Ill. Reg. 13073, effective August 30, 1995; amended at 23 Ill. Reg. 5128, effective March 31, 1999; amended at 24 Ill. Reg. 1980, effective January 19, 2000; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART B: ENFORCEMENT

## Section 386.1120 Commencement of Civil Penalty Proceeding

a) When the Department has reason to believe that a person has committed an act which is a violation of any provision of the MCSR or a settlement agreement, and having considered the nature, circumstances, extent and gravity of the violation, and with respect to a person believed to have committed such a violation, the degree of culpability and history of prior offenses or warning letters, the Department, by the Director or his authorized representative, shall begin a civil penalty proceeding by serving a Notice of Intent to Assess Civil Monetary Penalty, in accordance with Section 386.1020, on a person charging that person with having committed an act which is a violation of one or more provisions of these regulations or a settlement agreement.

b) A Notice of Intent to Assess Civil Monetary Penalty issued under this Section shall include:

- 1) notice of the provision(s) of the MCSR or settlement agreement which the respondent is believed to have violated;
- 2) a brief description of the manner in which the respondent is believed to have violated the MCSR or settlement agreement;
- 3) notice of the maximum amount of civil penalty for which the respondent may be liable;
- 4) notice of the amount of the civil penalty sought to be assessed by the Department;
- 5) a description of the manner in which the respondent shall make payment in accordance with Section 386.1140 of any money to the State;
- 6) a statement that the respondent may request a conference with the Department, by verbal or written request to the Director, to review and discuss the alleged violation and civil penalty, and of the procedures for requesting a conference; and
- 7) a statement that if a settlement cannot be reached within 90 days, a Notice of Probable Violation will be served upon the respondent, and the respondent will have an opportunity for a hearing as provided by Section 18b-107(b) of the Law and Section 386.1160; and-
- 8) a statement that if the respondent does not reply to the Notice of Intent to Assess Civil Monetary Penalty within 30 days after its service upon the respondent, the failure of the respondent to reply constitutes a waiver of its right to appear and contest the

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

allegations, without further notice to the respondent, and authorizes the Secretary, without further notice to the respondent, to find the facts to be as alleged in the Notice of Intent to Assess Civil Monetary Penalty and order the assessment of the civil penalty stated in the Notice.

- c) In the event that the Department and the respondent do not enter a settlement agreement following service of a Notice of Intent to Assess Civil Monetary Penalty, the Department by the Director shall serve a Notice of Probable Violation on the respondent.

d) A Notice of Probable Violation issued under this Section includes:

- 1) a statement of the provision(s) of the MCSR or of a settlement agreement which the respondent is believed to have violated;
- 2) a statement of the factual allegations upon which the proposed civil penalty is being sought;
- 3) notice of the maximum amount of civil penalty for which the respondent may be liable;
- 4) notice of the amount of the civil penalty sought to be assessed by the Department;
- 5) a description of the manner in which the respondent shall make payment of any money to the State in accordance with Section 386.1140;
- 6) a statement of respondent's right to request a hearing and the procedures for requesting a hearing in accordance with Section 386.1150; and
- 7) a statement of respondent's right to appear at the hearing and to present relevant written or oral explanations, information and materials in answer to the allegations or in mitigation of the penalty.

- e) A settlement of a civil penalty proceeding may be effectuated at any time upon agreement of the parties, shall be reduced to writing by the Department and signed by the parties. Terms of the settlement may include a reduction in the amount of the proposed civil penalty, and may include training and procedural requirements agreed upon by the respondent and Department. Training and procedural requirements may be agreed upon to increase awareness of and compliance with the MCSR.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Qualification of Drivers

- 2) Code Citation: 92 Ill. Adm. Code 391

- 3) Section Numbers: Proposed Action:  
391.2000 Amend

- 4) Statutory Authority: Implementing and authorized by Sections 18b-102 and 18b-105 of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18].

- 5) A complete description of the subjects and issues involved: By this Notice, the Department is proposing to update the incorporation by reference date of the Code of Federal Regulations (CFR) to the October 1, 1999 edition that is the most recent edition of the CFR.

- 6) Will this proposed rulemaking replace an emergency rulemaking currently in effect? No

- 7) Does this rulemaking contain an automatic repeal date? No

- 8) Does this proposed amendment contain incorporations by reference? No

- 9) Are there any other amendments pending on this Part? No

- 10) Statement of Statewide Policy Objectives: This amendment affects units of local government that own or operate commercial motor vehicles in Illinois.

- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning this proposed rule. Written submissions shall be filed with:

By U.S. Mail:

Ms. Catherine Allen  
Illinois Department of Transportation  
Division of Traffic Safety  
P.O. Box 19212  
Springfield, Illinois 62794-9212  
(217) 785-1181

By Messenger or Inter-Agency Mail:

DOT Annex Building  
3215 Executive Park Drive  
Commercial Vehicle Safety; 3rd Floor  
Springfield, Illinois

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

JCAR requests, comments and concerns regarding this rulemaking should be addressed to:

Ms. Christine Caronna-Beard, Rules Manager  
Illinois Department of Transportation  
2300 South Dirksen Parkway, Room 311  
Springfield, Illinois 62764  
(217)782-3215

Comments received within 45 days after the date after publication of this Illinois Register will be considered. Comments received after that time will be considered, time permitting.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: This amendment will affect small businesses, small municipalities and not for profit corporations that own or operate commercial motor vehicles in Illinois.

B) Reporting, bookkeeping or other procedures required for compliance: No additional procedures are required for compliance.

C) Types of professional skills necessary for compliance: No new or additional skills are necessary for compliance.

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: The Department did not anticipate the need for the rulemaking at the time.

The full text of the Proposed Amendments begins on the next page:

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

TITLE 92: TRANSPORTATION  
SUBTITLE B: SUPPLEMENTAL PROCEDURE RULES  
CHAPTER 1: DEPARTMENT OF TRANSPORTATION  
SUBCHAPTER d: MOTOR CARRIER SAFETY REGULATIONS

## PART 391

## QUALIFICATION OF DRIVERS

Section  
391.1000 General

391.2000 Incorporation By Reference of 49 CFR 391

AUTHORITY: Implementing, and authorized by Sections 18b-102 and 18b-105 of, the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18b].

SOURCE: Adopted at 14 Ill. Reg. 15560, effective September 10, 1990; amended at 15 Ill. Reg. 13189, effective August 21, 1991; amended at 16 Ill. Reg. 5362, effective March 23, 1992; amended at 16 Ill. Reg. 14715, effective September 14, 1992; amended at 18 Ill. Reg. 783, effective January 11, 1994; amended at 19 Ill. Reg. 13077, effective August 30, 1995; amended at 20 Ill. Reg. 15365, effective November 18, 1996; amended at 23 Ill. Reg. 5135, effective March 31, 1999; amended at 24 Ill. Reg. 1991, effective January 19, 2000; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 391.2000 Incorporation By Reference of 49 CFR 391**

a) The Department hereby incorporates 49 CFR 391 by reference, as that part of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR 390, 391, 392, 393, 395, 396, and 397) that was in effect on October 1, 1995 1999, subject only to the exceptions in subsection (c). No later amendments to or editions of 49 CFR 391 are incorporated.

b) References to subchapters, parts, subparts, sections or paragraphs shall be read to refer to the appropriate citation in 49 CFR 391.

c) The following interpretations of, additions to and deletions from 49 CFR 391 shall apply for purposes of this Part.

1) Authorized Illinois State Police shall place drivers out-of-service for any violation of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18b] or the Illinois Motor Carrier Safety Regulations that warrants placing the driver out-of-service under the "North American Uniform Out-of-Service Criteria" as defined at 92 Ill. Adm. Code 390.1020

2) 49 CFR 391.11(b)(1) does not apply to the operator of a commercial motor vehicle used in intrastate commerce.

3) Paragraphs (b)(3) (insulin dependent diabetic) and (b)(10) (minimum visual acuity) of 49 CFR 391.41 shall not apply to the driver of a commercial motor vehicle with a gross vehicle weight rating or gross combination weight of over 12,000 lbs., used in the intrastate transportation of property who immediately prior to July 29, 1986 was eligible and licensed to operate a motor

## DEPARTMENT OF TRANSPORTATION

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vehicle subject to the Illinois Motor Carrier Safety Regulations (IMCSR) and was engaged in operating such vehicles, and who was disqualified on July 29, 1986 by the adoption of 49 CFR 391 by reason of the application of paragraphs (b)(3) and (b)(10) of 49 CFR 391.41 with respect to a physical condition existing at that time unless such driver has a record of accidents which would indicate a lack of ability to operate a motor vehicle in a safe manner. (Section 18b-105 of the Law)

- 4) Paragraphs (b)(3) (insulin dependent diabetic) and (b)(10) (minimum visual acuity) of 49 CFR 391.41 shall not apply to the driver of a commercial motor vehicle which either has a gross vehicle weight rating (GVWR) or gross combination weight rating (GCWR) of between 10,000 and 12,001 pounds; or which is designed to transport more than 15 passengers, including the driver; or which has a GVWR or GCWR of less than 42,001 pounds and transports hazardous materials in a quantity requiring placarding under the Illinois Hazardous Materials Transportation Act. The vehicle must be used in intrastate transportation. The driver must have been eligible and licensed to operate a motor vehicle subject to the IMCSR and engaged in operating such vehicle immediately prior to January 17, 1992. The driver must have been disqualified on January 17, 1992 by the adoption of Public Act 87-829 which made the IMCSR applicable to vehicles described above. The reason for disqualification must have been the application of paragraphs (b)(3) and (b)(10) of 49 CFR 391.41 with respect to a physical condition existing at that time. This exception does not apply to any driver who has a record of accidents which would indicate a lack of ability to operate a motor vehicle in a safe manner.

- 5) 49 CFR 391.43(a) is not incorporated and the following substituted therefor:

Except as provided by 49 CFR 391.43(b), the medical examination shall be performed by a licensed medical examiner as defined in 92 Ill. Adm. Code 390.1020.

- 6) Physician assistants and advanced practice nurses can assist medical examiners in performing the medical examination. However, physician assistants and advanced practice nurses must work under the direction of a medical examiner and are prohibited from signing the medical examiner's certificate.

- 7) If a medical examiner determines that the driver is qualified to drive only in intrastate transportation due to the application of the provisions of Section 391.2009(c)(3) or 391.2000(c)(4) above, the following shall appear on the medical examiner's certificate: "Qualified only for intrastate transportation in Illinois."

- 8) 49 CFR 391.49(a) is not incorporated and the following substituted therefor:

A person who is not physically qualified to drive under 49

## DEPARTMENT OF TRANSPORTATION

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CFR 391, and who is otherwise qualified to drive a commercial motor vehicle, may drive a commercial motor vehicle in intrastate or intrastate transportation if the Regional Director, Motor Carrier Safety has granted a waiver to that person.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED RULES

1) Heading of the Part: Safety Fitness Procedures2) Code Citation: 92 Ill. Adm. Code 3853) Section Numbers: Proposed Action:

385.1000 New Section

385.1010 New Section

385.1020 New Section

4) Statutory Authority: Implementing and authorized by Sections 18b-102 and 18b-105 of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18b].

5) A complete description of the subjects and issues involved: By this Notice, the Department is proposing to establish a new Part 385 that prohibits motor carriers who receive an unsatisfactory safety rating from the Federal Motor Carrier Safety Administration (FMCSA) from operating the following commercial motor vehicles in Illinois:

A commercial motor vehicle transporting hazardous materials in a quantity requiring placarding under the Illinois Hazardous Materials Transportation Act [430 ILCS 30/4(a) and 9(a)] and the Illinois Hazardous Materials Transportation Regulations [92 Ill. Adm. Code 107 to 180]; and

A commercial motor vehicle designed to transport more than 15 passengers, including the driver.

This Part will prohibit an interstate carrier from continuing to operate an intrastate-only operation if the carrier receives an unsatisfactory rating from the FMCSA.

The Department has been notified that a hazardous materials carrier whose interstate commercial motor vehicles were declared out-of-service by the FMCSA continued to operate its commercial motor vehicles within the State of Illinois. The Department was unable to take action against this carrier because the Department did not have authority to render the intrastate operations out-of-service pursuant to the FMCSA out-of-service order. This rulemaking will provide the Department with that authority.

6) Will this proposed rulemaking replace an emergency rulemaking currently in effect? No7) Does this rulemaking contain an automatic repeal date? No8) Does this proposed amendment contain incorporations by reference? No9) Are there any other amendments pending on this Part? No

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10) Statement of Statewide Policy Objectives: This rulemaking affects units of local government that own or operate commercial motor vehicles in Illinois.11) Time, place and manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning this proposed rulemaking. Written submissions shall be filed with:

By U.S. Mail:

Ms. Catherine Allen

Illinois Department of Transportation

Division of Traffic Safety

P.O. Box 19212

Springfield, Illinois 62794-9212

(217)785-1181

By Messenger or Inter-Agency Mail:

DOT Annex Building

3215 Executive Park Drive

Commercial Vehicle Safety; 3rd Floor

Springfield, Illinois

JCAR requests, comments and concerns regarding this rulemaking should be addressed to:

Ms. Christine Caronna-Beard, Rules Manager

Illinois Department of Transportation

2300 South Dirksen Parkway, Room 311

Springfield, Illinois 62764

(217)782-3215

Comments received within 45 days after the date after publication of this Illinois Register will be considered. Comments received after that time will be considered, time permitting.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: This rulemaking affects small businesses, small municipalities and not for profit corporations that own or operate commercial motor vehicles in Illinois.

B) Reporting, bookkeeping or other procedures required for compliance: No new or additional procedures are required for compliance with this rulemaking.

## DEPARTMENT OF TRANSPORTATION

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C) Types of professional skills necessary for compliance: No professional skills are necessary for compliance with this rulemaking.

13) Regulatory Agenda on which this rulemaking was summarized: July 2000

The full text of the Proposed Rules begins on the next page:

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED RULES

TITLE 92: TRANSPORTATION  
CHAPTER I: DEPARTMENT OF TRANSPORTATION  
SUBCHAPTER d: MOTOR CARRIER SAFETY REGULATIONS

## PART 385

## SAFETY FITNESS PROCEDURES

## Section

385.1000

Purpose

385.1010

Definitions

385.1020 Unsatisfactory Rated Motor Carriers - Prohibition on Transportation of Hazardous Materials and Passengers

AUTHORITY: Implementing, and authorized by Sections 18b-102 and 18b-105 of, the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].

SOURCE: Adopted at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 385.1000 Purpose

This Part establishes procedures to prohibit motor carriers receiving a safety rating of "unsatisfactory" from the Federal Motor Carrier Safety Administration (FMCSA) from operating the following commercial motor vehicles in Illinois.

a) A commercial motor vehicle transporting hazardous materials in a quantity requiring placarding under the Illinois Hazardous Materials Transportation Act [430 ILCS 30/4(a) and 9(a)] and the Illinois Hazardous Materials Transportation Regulations [92 Ill. Adm. Code 107 to 180]; and

b) A commercial motor vehicle designed to transport more than 15 passengers, including the driver.

This Part applies to all motor carriers subject to the requirements of this Subchapter.

## Section 385.1010 Definitions

As used in this Part:

"Commercial Motor Vehicle" has the same meaning as ascribed to it in 92 Ill. Adm. Code 390.1020.

"Compliance Review" means an on-site examination of a motor carrier's operations, such as the drivers' hours of service, maintenance and inspection, driver qualification, commercial drivers license requirements, financial responsibility, accidents, hazardous materials, and other safety and transportation records to determine whether a motor carrier meets the safety fitness standard. A

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED RULES

compliance review may be conducted in response to a request to change a safety rating, to investigate potential violations of safety regulations by a motor carrier, to investigate complaints, or other evidence of safety violations. The compliance review may result in the initiation of an enforcement action. (49 CFR 385.3, October 1, 1999)

"Department" means the Illinois Department of Transportation.

"Federal Motor Carrier Safety Administration (FMCSA)" means an agency within the United States Department of Transportation.

"Out-of-Service Order" means a prohibition against operating a commercial motor vehicle.

"Safety Management Controls" means the system, policies, programs, practices, and procedures used by a motor carrier to ensure compliance with applicable safety and hazardous materials regulations, that ensure the safe movement of products and passengers through the transportation system, and that reduce the risk of highway accidents and hazardous materials incidents resulting in fatalities, injuries, and property damage. (49 CFR 385.3, October 1, 1999)

"Safety Ratings" means:

A satisfactory safety rating means that a motor carrier has in place and functioning adequate safety management controls to meet the safety fitness standards prescribed in 49 CFR 385.5. Safety management controls are adequate if they are appropriate for the size and type of operation of the particular motor carrier.

A conditional safety rating means a motor carrier does not have adequate safety management controls in place to ensure compliance with the safety fitness standard that could result in occurrences listed in 49 CFR 385.5(a) through (k).

An unsatisfactory safety rating means a motor carrier does not have adequate safety management controls in place to ensure compliance with the safety fitness standard that has resulted in occurrences listed in 49 CFR 385.5(a) through (k).

An unrated carrier means that a safety rating has not been assigned to the motor carrier by the FMCSA. (49 CFR 385.3, October 1, 1999)

**Section 385.1020 Unsatisfactory Rated Motor Carriers - Prohibition on Transportation of Hazardous Materials and Passengers**

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a) Upon written notification from the FMCSA to a motor carrier that it has received a final "unsatisfactory" rating by the FMCSA under 49 CFR 385, that motor carrier shall not operate the commercial motor vehicles listed in Section 385.1000 in Illinois.

b) When a carrier subject to the prohibitions in subsection (a) of this Section is known to transport the property or passengers referred to therein in Illinois, the Department will issue an order placing those operations out-of-service in Illinois. The order will be hand delivered to an Illinois office, if known to the Department, of the carrier and a copy served by certified mail return receipt requested on the carrier.

c) Any motor carrier placed out-of-service by the Department pursuant to subsection (b) of this Section may appeal that order to the Secretary, who will investigate the matter.

1) Appeals shall be filed in writing with the Secretary no more than 20 days after the out-of-service order is served by hand delivery or certified mail return receipt requested on the carrier, whichever date is earlier. The appeal shall contain the reason for the appeal and a contact person's name, address and telephone number.

2) The Secretary's designee will appoint a Department employee to investigate every appeal submitted to the Department in accordance with this Part. The operations declared out-of-service shall remain out-of-service in Illinois during the duration of the investigation.

3) The Department's investigation will be concluded within 30 days after the receipt of the appeal by the Department.

4) Within the 30 day investigative period the Secretary will issue written notification to the petitioner indicating the Department's determination as to the correctness or incorrectness of the out-of-service order remaining in effect.

5) The Department's written notification, served by certified mail return receipt requested, will include a statement of the facts relied upon and issues decided by the Department in making its determination. The Department's determination is considered administratively final.

d) Any motor carrier whose safety rating of "unsatisfactory" has become final under 49 CFR 385, that has been ordered out-of-service in Illinois by the Department and that has exhausted the appeal procedure or not timely filed an appeal under subsection (c) of this Section and that then willfully transports property or passengers in Illinois described in subsection (a) of this Section will be referred by the Department to a State's Attorney or the Attorney General for prosecution of a Class 3 felony.

e) Any person who willfully permits a motor carrier to transport property or persons in Illinois as described in subsection (d) of this Section will be referred by the Department to a State's Attorney or Attorney General for prosecution of a Class 3 felony.

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED RULES

- f) The Department will rescind its out-of-service order issued under this Section within five business days after being notified that the FMCSA has rescinded the "unsatisfactory" rating or will not assign a final "unsatisfactory" rating to the motor carrier. After verification of the rescission from the FMCSA, written notification of the rescission will be sent within that time period by certified mail to the motor carrier.

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Transportation of Hazardous Materials; Driving and Parking
- 2) Code Citation: 92 Ill. Adm. Code 397
- 3) Section Numbers: Proposed Action:  
397.1020 Amend
- 4) Statutory Authority: Implementing and authorized by Sections 18b-102 and 18b-105 of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18].
- 5) A complete description of the subjects and issues involved: By this Notice, the Department is proposing to update the incorporation by reference date of the Code of Federal Regulations (CFR) to the October 1, 1999 edition that is the most recent edition of the CFR.
- 6) Will this proposed rulemaking replace an emergency rulemaking currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This amendment affects units of local government that own or operate commercial motor vehicles in Illinois.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning this proposed rule. Written submissions shall be filed with:

By U.S. Mail:

Ms. Catherine Allen  
Illinois Department of Transportation  
Division of Traffic Safety  
P.O. Box 19212  
Springfield, Illinois 62794-9212  
(217) 785-1161

By Messenger or Inter-Agency Mail:

DOT Annex Building  
3215 Executive Park Drive  
Commercial Vehicle Safety, 3rd Floor

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

Springfield, Illinois

JCAR requests, comments and concerns regarding this rulemaking should be addressed to:

Ms. Christine Caronna-Beard, Rules Manager  
Illinois Department of Transportation  
2300 South Dirksen Parkway, Room 311  
Springfield, Illinois 62764  
(217)782-3215

Comments received within 45 days after the date after publication of this *Illinois Register* will be considered. Comments received after that time will be considered, time permitting.

## 12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: This amendment will affect small businesses, small municipalities and not for profit corporations that own or operate commercial motor vehicles in Illinois.

B) Reporting, bookkeeping or other procedures required for compliance:  
No additional procedures are required for compliance.

C) Types of professional skills necessary for compliance: No new or additional skills are necessary for compliance.

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: The Department did not anticipate the need for the rulemaking at the time.

The full text of the Proposed Amendments begins on the next page:

## DEPARTMENT OF TRANSPORTATION

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 92: TRANSPORTATION

## CHAPTER I: DEPARTMENT OF TRANSPORTATION

## SUBCHAPTER d: MOTOR CARRIER SAFETY REGULATIONS

## PART 397

## TRANSPORTATION OF HAZARDOUS MATERIALS; DRIVING AND PARKING

Section	General
397.1000	Application
397.1010	Incorporation By Reference of 49 CFR 397
397.1020	

**AUTHORITY:** Implementing, and authorized by Sections 18b-102 and 18b-105 of, the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B].

**SOURCE:** Adopted at 3 Ill. Reg. 5, P. A1, effective February 1, 1979; codified at 8 Ill. Reg. 17986; recodified from 92 Ill. Adm. Code 397-Subchapter c at 14 Ill. Reg. 3281; Part repealed, new Part adopted at 14 Ill. Reg. 15496, effective September 10, 1990; amended at 15 Ill. Reg. 13156, effective August 21, 1991; amended at 18 Ill. Reg. 736, effective January 11, 1994; amended at 19 Ill. Reg. 13035, effective August 30, 1995; amended at 20 Ill. Reg. 15327, effective November 18, 1996; amended at 23 Ill. Reg. 5090, effective March 31, 1999; amended at 24 Ill. Reg. 1938, effective January 19, 2000; amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## Section 397.1020 Incorporation By Reference of 49 CFR 397

a) The Department incorporates "Transportation of Hazardous Materials: Driving and Parking" (49 CFR 397) by reference as that part of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR 390, 391, 392, 393, 395, 396, and 397) that was in effect on October 1, 1993/1998, subject only to the exceptions in subsections (b) and (c). No later amendments to or editions of 49 CFR 397 are incorporated.

b) 49 CFR 397.1 is deleted and not incorporated.

c) 49 CFR 397.2 is deleted and not incorporated.

d) References to subchapters, parts, subparts, sections or paragraphs shall be read to refer to the appropriate citation in 49 CFR.

e) The following addition to 49 CFR 397 shall apply for purposes of this Part.

Authorized Illinois State Police shall place drivers out-of-service for any violation of the Illinois Motor Carrier Safety Law [625 ILCS 5/Ch. 18B] or the Illinois Motor Carrier Safety Regulations that warrants placing the driver out-of-service under the "North American Uniform Out-of-Service Criteria" as defined at 92 Ill. Adm. Code 390.1020.

(Source: Amended at 24 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Pay Plan
- 2) Code Citation: 80 Ill. Adm. Code 310
- 3) Section Number: Adopted Action:  
310.280 Amend
- 4) Statutory Authority: Authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].
- 5) Effective Date of Amendment: August 15, 2000
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this amendment contain incorporations by reference? No
- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposals Published in the Illinois Register: March 24, 2000, Issue #13, 24 Ill. Reg. 4292
- 10) Has JCAR issued a Statement of Objections to this amendment? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this amendment replace an emergency amendment currently in effect? No
- 14) Are there any proposed amendments pending on this Part? Yes

Section Numbers	Proposed Action	Ill. Register Citation
310.280	Amend	24 Ill. Reg. 5802
310.280	Amend	24 Ill. Reg. 7574
310.280	Amend	24 Ill. Reg. 10030
310.110	Amend	24 Ill. Reg. 10030
310.110	Amend	24 Ill. Reg. 10030
310.290	Amend	24 Ill. Reg. 10030
310.490	Amend	24 Ill. Reg. 10030
310.530	Amend	24 Ill. Reg. 10030
310.540	Amend	24 Ill. Reg. 10030
APPENDIX B	Amend	24 Ill. Reg. 10030
APPENDIX C	Amend	24 Ill. Reg. 10030
APPENDIX D	Amend	24 Ill. Reg. 10030
APPENDIX G	Amend	24 Ill. Reg. 10030

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 15) Summary and Purpose of Amendments: In Section 110.280, Designated Rate, a Public Service Administrator (37015-42-35-110-10-03) position was added with the annual salary of \$75,560 at the request of the Department of Commerce and Community Affairs.
- 16) Information and questions regarding this adopted amendment shall be directed to:

Mr. Michael Murphy  
 Department of Central Management Services  
 Division of Technical Services  
 504 William C. Stratton Building  
 Springfield, Illinois 62706  
 (217) 782-5601

The full text of the adopted amendment begins on the next page:



## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

## TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

## SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND

## POSITION CLASSIFICATIONS

## CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## PART 310

## PAY PLAN

## SUBPART A: NARRATIVE

Section	Policy and Responsibilities
310.20	Jurisdiction
310.30	Pay Schedules
310.40	Definitions
310.50	Conversion of Base Salary to Pay Period Units
310.60	Conversion of Base Salary to Daily or Hourly Equivalents
310.70	Increases in Pay
310.80	Decreases in Pay
310.90	Other Pay Provisions
310.100	Implementation of Pay Plan Changes for Fiscal Year 2000
310.110	Interpretation and Application of Pay Plan
310.120	Effective Date
310.130	Reinstitution of Within Grade Salary Increases (Repealed)
310.140	Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, Effective July 1, 1984 (Repealed)
310.150	

## SUBPART B: SCHEDULE OF RATES

Section	Introduction
310.205	Prevailing Rate
310.210	Negotiated Rate
310.220	Part-Time Daily or Hourly Special Services Rate
310.230	Hourly Rate
310.240	Member, Patient
310.250	Trainee Rate
310.260	Legislated and Contracted Rate
310.270	Designated Rate
310.280	Out-of-State or Foreign Service Rate
310.290	Educator Schedule for RC-063 and HR-010
310.300	Physician Specialist Rate
310.310	Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections
310.320	Excluded Classes Rate (Repealed)
310.330	

## SUBPART C: MERIT COMPENSATION SYSTEM

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

Section	Jurisdiction
310.410	Objectives
310.420	Responsibilities
310.430	Merit Compensation Salary Schedule
310.440	Procedures for Determining Annual Merit Increases
310.450	Intermittent Merit Increase
310.456	Merit Zone (Repealed)
310.460	Other Pay Increases
310.470	Adjustment
310.480	Decreases in Pay
310.490	Other Pay Provisions
310.495	Broad-Band Pay Range Classes
310.500	Definitions
310.510	Conversion of Base Salary to Pay Period Units
310.520	Conversion of Base Salary to Daily or Hourly Equivalents
310.530	Implementation
310.540	Annual Merit Increase Guidechart for Fiscal Year 1999
310.550	Fiscal Year 1985 Pay Changes in Merit Compensation System, effective July 1, 1984 (Repealed)

## APPENDIX A

TABLE A	Negotiated Rates of Pay
HR-100	(Payment of General Management Services - State of Illinois) (Repealed)
HR-101	(Payment of General Management Services, SEIU)
HR-916	(Department of Natural Resources, Teamsters)
HR-200	(Department of Labor - Chicago, Illinois - SEIU) (Repealed)
RC-069	(Firefighters, AFSCME) (Repealed)
HR-001	(Teamsters Local #726)
RC-020	(Teamsters Local #330)
RC-019	(Teamsters Local #25)
RC-045	(Automotive Mechanics, IPFE)
RC-006	(Corrections Employees, AFSCME)
RC-009	(Institutional Employees, AFSCME)
RC-014	(Clerical Employees, AFSCME)
RC-023	(Registered Nurses, INA)
RC-008	(Boilermakers)
RC-110	(Conservation Police Lodge)
RC-010	(Professional Legal Unit, AFSCME)
RC-028	(Paraprofessional Human Services Employees, AFSCME)
RC-029	(Paraprofessional Investigatory and Law Enforcement Employees, IPFE)
RC-033	(Meat Inspectors, IPFE)
RC-042	(Residual Maintenance Workers, AFSCME)
HR-012	(Fair Employment Practices Employees, SEIU)
HR-010	(Teachers of Deaf, IFT)
HR-010	(Teachers of Deaf, IFT)
CU-500	(Corrections, Meat and Confer Employees)
RC-062	(Technical Employees, AFSCME)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

TABLE X RC-063 (Professional Employees, AFSCME)  
 TABLE Y RC-063 (Educators, AFSCME)  
 TABLE Z RC-063 (Physicians, AFSCME)  
 APPENDIX B Schedule of Salary Grades - Monthly Rates of Pay for Fiscal Year 2000

APPENDIX C Medical Administrator Rates for Fiscal Year 2000  
 APPENDIX D Merit Compensation System Salary Schedule for Fiscal Year 2000  
 APPENDIX E Teaching Salary Schedule (Repealed)  
 APPENDIX F Physician and Physician Specialist Salary Schedule (Repealed)  
 APPENDIX G Broad-Band Pay Range Classes Salary Schedule for Fiscal Year 2000

AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code (20 ILCS 415/8 and 8a).

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 7, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective May 31, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; emergency amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; emergency amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; emergency amendment at 10 Ill. Reg. 13675, effective July 31, 1986; emergency amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986, for a maximum of 150 days; emergency amendment at 10 Ill. Reg. 19132, effective October 28, 1986; emergency amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

Reg. 648, effective December 22, 1986; emergency amendment at 11 Ill. Reg. 3363, effective February 3, 1987; emergency amendment at 11 Ill. Reg. 4388, effective February 27, 1987; emergency amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; emergency amendment at 11 Ill. Reg. 15273, effective September 1, 1987; emergency amendment at 11 Ill. Reg. 17919, effective October 19, 1987; emergency amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; emergency amendment at 12 Ill. Reg. 3811, effective January 27, 1988; emergency amendment at 12 Ill. Reg. 5459, effective January 27, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; emergency amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 8135, effective April 22, 1988; emergency amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; emergency amendment at 12 Ill. Reg. 20584, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; emergency amendment at 13 Ill. Reg. 8970, effective June 20, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 11854, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; emergency amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; emergency amendment at 14 Ill. Reg. 1627, effective January 11, 1990; emergency amendment at 14 Ill. Reg. 4455, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 17098, effective September 26, 1990; emergency amendment at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; emergency amendment at 14 Ill. Reg. 18854, effective November 13, 1990; emergency amendment at 15 Ill. Reg. 663,

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14, 1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; peremptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; peremptory amendment at 15 Ill. Reg. 5469, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10489, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992; peremptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; peremptory amendment at 16 Ill. Reg. 8239, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8382, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; peremptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; peremptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; peremptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; peremptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17194, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; peremptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; peremptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; peremptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; peremptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; peremptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective November 28, 1995; amended at 20 Ill. Reg. 308, effective December

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

22, 1995; emergency amendment at 20 Ill. Reg. 4060, effective February 27, 1996, for a maximum of 150 days; peremptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; peremptory amendment at 20 Ill. Reg. 7434, effective May 14, 1996; amended at 20 Ill. Reg. 8301, effective June 11, 1996; amended at 20 Ill. Reg. 8657, effective June 20, 1996; amended at 20 Ill. Reg. 9006, effective June 26, 1996; amended at 20 Ill. Reg. 9925, effective July 10, 1996; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 10841, effective August 5, 1996; peremptory amendment at 20 Ill. Reg. 13408, effective September 24, 1996; amended at 20 Ill. Reg. 15018, effective November 7, 1996; peremptory amendment at 20 Ill. Reg. 15092, effective November 7, 1996; emergency amendment at 21 Ill. Reg. 1023, effective January 6, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 1629, effective January 22, 1997; amended at 21 Ill. Reg. 5144, effective April 15, 1997; amended at 21 Ill. Reg. 6444, effective May 15, 1997; amended at 21 Ill. Reg. 7118, effective June 3, 1997; emergency amendment at 21 Ill. Reg. 10061, effective July 21, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 12859, effective September 8, 1997, for a maximum of 150 days; peremptory amendment at 21 Ill. Reg. 14267, effective October 14, 1997; peremptory amendment at 21 Ill. Reg. 14589, effective October 15, 1997; amended at 21 Ill. Reg. 16344, effective December 9, 1997; peremptory amendment at 21 Ill. Reg. 16465, effective December 4, 1997; peremptory amendment at 21 Ill. Reg. 17167, effective December 9, 1997; peremptory amendment at 22 Ill. Reg. 1593, effective December 22, 1997; amended at 22 Ill. Reg. 2580, effective January 14, 1998; peremptory amendment at 22 Ill. Reg. 4326, effective February 13, 1998; peremptory amendment at 22 Ill. Reg. 5108, effective March 3, 1998; amended at 22 Ill. Reg. 6204, effective March 12, 1998; peremptory amendment at 22 Ill. Reg. 7053, effective April 1, 1998; peremptory amendment at 22 Ill. Reg. 7622, effective April 10, 1998; peremptory amendment at 22 Ill. Reg. 12607, effective July 2, 1998, for a maximum of 150 days; peremptory amendment at 22 Ill. Reg. 15489, effective August 7, 1998; amended at 22 Ill. Reg. 16159, effective September 30, 1998; peremptory amendment at 22 Ill. Reg. 19105, effective October 27, 1998; peremptory amendment at 22 Ill. Reg. 19943, effective November 5, 1998; peremptory amendment at 22 Ill. Reg. 20406, effective November 23, 1998; amended at 22 Ill. Reg. 20581, effective November 16, 1998; amended at 22 Ill. Reg. 664, effective January 1, 1999; peremptory amendment at 23 Ill. Reg. 730, effective December 29, 1998; emergency amendment at 23 Ill. Reg. 6533, effective May 10, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 7065, effective June 3, 1999; emergency amendment at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 11020, effective August 26, 1999; amended at 23 Ill. Reg. 12429, effective September 21, 1999; peremptory amendment at 23 Ill. Reg. 12493, effective September 24, 1999; amended at 23 Ill. Reg. 12604, effective September 24, 1999; amended at 23 Ill. Reg. 13053, effective September 27, 1999; peremptory amendment at 23 Ill. Reg. 13132, effective October 1, 1999; amended at 23 Ill. Reg. 13570, effective October 26, 1999; amended at 23 Ill. Reg. 14020,

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

effective November 15, 1999; amended at 24 Ill. Reg. 1025, effective January 7, 2000; peremptory amendment at 24 Ill. Reg. 1399, effective February 3, 2000; amended at 24 Ill. Reg. 3537, effective February 18, 2000; amended at 24 Ill. Reg. 6870, effective April 21, 2000; amended at 24 Ill. Reg. 7386, effective May 23, 2000; emergency amendment at 24 Ill. Reg. 1429, effective July 1, 2000, for a maximum of 150 days; peremptory amendment at 24 Ill. Reg. 10767, effective July 3, 2000; amended at 24 Ill. Reg. **13384**, effective **10/10/2000**.

## SUBPART B: SCHEDULE OF RATES

## Section 310.280 Designated Rate

The rate of pay for a specific position or class of positions where it is deemed desirable to exclude such from the other requirements of this Pay Plan shall be only as designated by the Governor.

## Department of Commerce &amp; Community Affairs

Economic Development Representative II (Pos. No. 12932-42-35-110-10-02)	Annual Salary 54,048
Private Secretary II (Pos. No. 34202-42-00-000-01-02)	Annual Salary 48,492
Public Information Officer IV (Pos. No. 37004-42-00-005-10-01)	Annual Salary 62,756
Public Service Administrator (Pos. No. 37015-42-35-140-20-01)	Annual Salary 75,588
Public Service Administrator (Pos. No. 37015-42-35-140-20-01)	Annual Salary 79,728

## Department of Human Services

Medical Administrator I, Option D (Pos. No. 26401-10-79-006-00-21)	Annual Salary 142,368
Public Service Administrator (Pos. No. 37015-10-23-100-30-01)	Annual Salary 73,632
Senior Public Service Administrator (Pos. No. 40070-10-65-000-00-01)	Annual Salary 105,475
Senior Public Service Administrator (Pos. No. 40070-10-81-920-00-21)	Annual Salary 105,480

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

## Illinois State and Local Labor Relations Board

Private Secretary II  
(Pos. No. 34202-50-19-000-00-01) Annual Salary 49,008 |

## Department of Natural Resources

Administrative Assistant II  
(Pos. No. 00502-12-30-000-20-01) Annual Salary 50,520 |

## Department of State Police

Senior Public Service Administrator  
(Pos. No. 40070-21-10-000-00-01) Annual Salary 109,358 || (Source: Amended at 24 Ill. Reg. **13384**, effective **10/13/2000**) |  |

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Aid to the Aged, Blind or Disabled

2) Code Citation: 89 Ill. Adm. Code 113

Adopted Action:

Amendment

Amendment

Amendment

4) Statutory Authority: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Att. III and 12-13].

5) Effective Date of Amendments: August 18, 2000

6) Does this rulemaking contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: January 21, 2000 (24 Ill. Reg. 949)

10) Has JCAR Issued a Statement of Objection to this amendment? No

11) Differences between proposal and final version: The following changes have been made in the text of the proposed amendments:

1. Section 113.255 was added to the rulemaking.

2. In Section 113.255(a), "personal or nursing care" was added after "sheltered care".

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements? Yes

13) Will these amendments replace emergency amendments currently in effect? No

14) Are there any amendments pending on this Part? Yes

Section Numbers Proposed Action Illinois Register Citation

113.247 Amendment 24 Ill. Reg. 2562

15) Summary and Purpose of Rulemaking: A grant adjustment is an allowance for Aid to the Aged, Blind or Disabled cases that ensures that the amount of

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENTS

the Supplemental Security Income (SSI) increase from July 1977 and later will be available to clients. To comply with federal regulations, this rulemaking increases the grant adjustment and sheltered care rate amounts by the amount of the January 2000 increase in Social Security and SSI benefits to ensure that the cost of living increase is passed on to the recipient.

16) Information and questions regarding these adopted amendments shall be directed to:

Mrs. Susan Weir, Bureau Chief  
Bureau of Administrative Rules and Procedures  
Department of Human Services  
100 South Grand Avenue East  
3rd Floor, Harris Bldg.  
Springfield, Illinois 62762  
(217) 785-3772

The full text of adopted amendments begins on the next page:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER IV: DEPARTMENT OF HUMAN SERVICES

SUBCHAPTER b: ASSISTANCE PROGRAMS

AID TO THE AGED, BLIND OR DISABLED

PART 113

SUBPART A: GENERAL PROVISIONS

Section	
113.1	Description of the Assistance Program
113.5	Incorporation By Reference

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section	
113.9	Client Cooperation
113.10	Citizenship
113.20	Residence
113.30	Age
113.40	Blind
113.50	Disabled
113.60	Living Arrangement
113.70	Institutional Status
113.80	Social Security Number

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section	
113.100	Unearned Income
113.101	Budgeting Unearned Income
113.102	Budgeting Unearned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
113.103	Initial Receipt of Unearned Income
113.104	Termination of Unearned Income
113.105	Unearned Income In-Kind
113.106	Earmarked Income
113.107	Lump Sum Payments and Income Tax Refunds
113.108	Protected Income (Repealed)
113.109	Earned Income (Repealed)
113.110	Budgeting Earned Income (Repealed)
113.111	Protected Income
113.112	Earned Income
113.113	Exempt Unearned Income
113.114	Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
113.115	Initial Employment
113.116	Budgeting Earned Income For Contractual Employees

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

Budgeting Earned Income For Non-contractual School Employees

CHAPTER IV: DEPARTMENT OF HUMAN SERVICES

SUBCHAPTER b: ASSISTANCE PROGRAMS

AID TO THE AGED, BLIND OR DISABLED

PART 113

SUBPART A: GENERAL PROVISIONS

113.117	Budgeting Earned Income For Non-contractual School Employees
113.118	Termination of Employment
113.120	Exempt Earned Income
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113-420 Financial Factors of Eligibility (Repealed)

113-425 Payment Levels for Chicago Interim Assistance Cases (Repealed)

113-430 Payment Levels for all Interim Assistance Cases Outside Chicago (Repealed)

113-435 Medical Eligibility (Repealed)

113-440 Attorney's Fees for SSI Applicants (Repealed)

113-445 Advocacy Program for Persons Receiving Interim Assistance (Repealed)

113-450 Limitation on Amount of Interim Assistance to Recipients from Other States (Repealed)

113-500 Attorney's Fees for SSI Appellants (Renumbered)

**AUTHORITY:** Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13].

**17.** p. 117, effective February 1, 1978; peremptory amendment at 2 ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; emergency expired January 28, 1979; peremptory amendment at 3 ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 3 ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 ill. Reg. 33,

p. 399, effective August 18, 1979; amendment at 3 ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 ill. Reg. 10, p. 258, effective February 25, 1980; at 4 ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 ill. Reg. 766, effective January 2, 1981; amended at 5 ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 ill. Reg. 5722, effective June 1, 1981; amended at 5 ill. Reg. 7071, effective June 23, 1981; amended at 5 ill. Reg. 7104, effective June 23, 1981; amended at 5 ill. Reg. 8041, effective July 27, 1981; amended at 5 ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 ill. Reg. 10124, effective October 1, 1981; amended at 5 ill. Reg. 10131, effective October 1, 1981; amended at 5 ill. Reg. 10730, effective October 1, 1981; amended at 5 ill. Reg. 10760, effective October 1, 1981; amended at 5 ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 ill. Reg. 611, effective January 1, 1982; amended at 6 ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 ill. Reg. 7219, effective June 2, 1982, for a maximum of 150 days; amended at 6 ill. Reg. 8115, effective July 1, 1982; amended at 6 ill. Reg. 8142, effective July 1, 1982; amended at 6 ill. Reg. 8159, effective July 1, 1982; amended at 6 ill. Reg. 10970, effective August 26, 1982; amended at 6 ill. Reg. 11921, effective September 21, 1982; amended at 6 ill. Reg. 12293, effective October 1, 1982; amended at 6 ill. Reg. 12318, effective October 1, 1982; amended at 6 ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 ill. Reg. 907, effective January 10, 1983; amended (by adding Sections being codified with no substantive change) at 7 ill. Reg. 5195; amended at 7 ill. Reg. 9367, effective August 1, 1983; amended at 7 ill. Reg. 17351, effective December 21, 1983; amended at 8 ill. Reg. 537, effective December 30, 1983; amended at 8 ill. Reg. 5225, effective April 9, 1984; amended at 8 ill. Reg. 6746, effective April 27, 1984; amended at 8 ill. Reg. 11414, effective June 27, 1984; amended

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at 8 Ill. Reg. 13273, effective July 16, 1984; amended (by Sections being codified with no substantive change) at 8 Ill. Reg. 17895; amended at 8 Ill. Reg. 18896, effective September 26, 1984; amended at 9 Ill. Reg. 5335, effective April 5, 1985; amended at 9 Ill. Reg. 8166, effective May 17, 1985; amended at 9 Ill. Reg. 8657, effective May 25, 1985; amended at 9 Ill. Reg. 11302, effective July 5, 1985; amended at 9 Ill. Reg. 11636, effective July 8, 1985; amended at 9 Ill. Reg. 11991, effective July 12, 1985; amended at 9 Ill. Reg. 12806, effective August 9, 1985; amended at 9 Ill. Reg. 15896, effective October 4, 1985; amended at 9 Ill. Reg. 16291, effective October 10, 1985; emergency amendment at 10 Ill. Reg. 364, effective January 1, 1986; amended at 10 Ill. Reg. 1183, effective January 10, 1986; amended at 10 Ill. Reg. 6956, effective April 16, 1986; amended at 10 Ill. Reg. 8794, effective May 12, 1986; amended at 10 Ill. Reg. 10628, effective June 3, 1986; amended at 10 Ill. Reg. 11260, effective July 3, 1986; amended at 10 Ill. Reg. 15110, effective September 5, 1986; amended at 10 Ill. Reg. 15631, effective September 19, 1986; amended at 11 Ill. Reg. 3150, effective February 6, 1987; amended at 11 Ill. Reg. 8712, effective April 20, 1987; amended at 11 Ill. Reg. 9919, effective May 15, 1987; emergency amendment at 11 Ill. Reg. 12441, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20860, effective December 14, 1987; amended at 12 Ill. Reg. 867, effective January 1, 1988; amended at 12 Ill. Reg. 2137, effective January 11, 1988; amended at 12 Ill. Reg. 3497, effective January 22, 1988; amended at 12 Ill. Reg. 5642, effective March 15, 1988; amended at 12 Ill. Reg. 6151, effective March 22, 1988; amended at 12 Ill. Reg. 7687, effective April 22, 1988; amended at 12 Ill. Reg. 8662, effective May 13, 1988; amended at 12 Ill. Reg. 9023, effective May 20, 1988; amended at 12 Ill. Reg. 9669, effective May 24, 1988; emergency amendment at 12 Ill. Reg. 11828, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 14162, effective August 30, 1988; amended at 12 Ill. Reg. 17849, effective October 25, 1988; amended at 13 Ill. Reg. 63, effective January 1, 1989; emergency amendment at 13 Ill. Reg. 3402, effective March 3, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 6007, effective April 14, 1989; amended at 13 Ill. Reg. 12553, effective July 12, 1989; amended at 13 Ill. Reg. 13609, effective August 11, 1989; emergency amendment at 13 Ill. Reg. 14467, effective September 1, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 16154, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 720, effective January 1, 1990; amended at 14 Ill. Reg. 6321, effective April 16, 1990; amended at 14 Ill. Reg. 13187, effective August 6, 1990; amended at 14 Ill. Reg. 14806, effective September 3, 1990; amended at 14 Ill. Reg. 16957, effective September 30, 1990; amended at 15 Ill. Reg. 277, effective January 1, 1991; emergency amendment at 15 Ill. Reg. 1111, effective January 10, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5291, effective April 1, 1991; amended at 15 Ill. Reg. 5698, effective April 10, 1991; amended at 15 Ill. Reg. 7104, effective April 30, 1991; amended at 15 Ill. Reg. 11142, effective July 22, 1991; amended at 15 Ill. Reg. 11948, effective August 12, 1991; amended at 15 Ill. Reg. 14073, effective September 11, 1991; emergency amendment at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 16709, effective November 1, 1991; amended at 16 Ill. Reg.

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3468, effective February 20, 1992; amended at 16 Ill. Reg. 9986, effective June 15, 1992; amended at 16 Ill. Reg. 11565, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 13641, effective September 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14722, effective September 15, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17154, effective November 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17764, effective November 13, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 827, effective January 15, 1993; amended at 17 Ill. Reg. 2263, effective February 15, 1993; amended at 17 Ill. Reg. 3202, effective February 26, 1993; amended at 17 Ill. Reg. 4322, effective March 22, 1993; amended at 17 Ill. Reg. 6804, effective April 21, 1993; amended at 17 Ill. Reg. 14612, effective August 26, 1993; amended at 18 Ill. Reg. 2018, effective January 21, 1994; amended at 18 Ill. Reg. 7759, effective May 5, 1994; amended at 18 Ill. Reg. 12818, effective August 5, 1994; amended at 19 Ill. Reg. 1052, effective January 26, 1995; amended at 19 Ill. Reg. 2875, effective February 24, 1995; amended at 19 Ill. Reg. 6639, effective May 5, 1995; emergency amendment at 19 Ill. Reg. 8409, effective June 9, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15034, effective October 17, 1995; amended at 20 Ill. Reg. 858, effective December 29, 1995; emergency amendment at 21 Ill. Reg. 673, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 7404, effective May 31, 1997; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 22 Ill. Reg. 13642, effective July 15, 1998; emergency amendment at 22 Ill. Reg. 16348, effective September 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 18931, effective October 1, 1998; emergency amendment at 22 Ill. Reg. 21750, effective November 24, 1998, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 579, effective January 20, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 5548, effective April 23, 1999; amended at 23 Ill. Reg. 6052, effective May 4, 1999; amended at 23 Ill. Reg. 6425, effective May 15, 1999; amended at 23 Ill. Reg. 6935, effective May 30, 1999; amended at 23 Ill. Reg. 7887, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8650, effective July 13, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 10161, effective August 3, 1999; amended at 23 Ill. Reg. 13852, effective November 19, 1999; amended at 24 Ill. Reg. 2328, effective February 1, 2000; amended at 24 Ill. Reg. 11622, effective July 16, 2000; amended at 24 Ill. Reg. 13394, effective July 16, 2000.

## SUBPART D: PAYMENT AMOUNTS

## Section 113.253 Allowances for Increase in SSI Benefits

- a) An allowance for \$333.90 §321-90 is authorized for all AABD cases as a "grant adjustment". A grant adjustment is an allowance that ensures that the amount of the SSI increase from July 1977 and later will be available to clients.
- b) EXCEPTIONS: For clients whose assistance payments include an allowance for Sheltered Care or Care Not Subject to Licensing a "grant

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901.55 793-55 23 929.55 886-55  
906.55 803-55 24 935.55 892-55

- a) Group A ## Counties are counties other than Cook, DuPage, Kane, Lake and Will.  
b) Group B ## Counties are Cook, DuPage, Kane, Lake and Will.  
c) Rate includes shelter factor and approved activity and social rehabilitation programs.  
AGENCY NOTE: See 89 Ill. Adm. Code 140.850 through 140.885 for needs assessment guidelines.

(Source: Amended at 24 Ill. Reg. 13394, effective AUG 18 2000)

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adjustment" of \$10 is authorized. Individuals receiving Interim Assistance or residing in long term group care facilities do not receive any "grant adjustment".

(Source: Amended at 24 Ill. Reg. 13394, effective AUG 18 2000)

**Section 113.255 Sheltered Care/Personal or Nursing Care in a Licensed Group Care Facility**

a) An allowance, based on the rate determined in accordance with the Department Rate Schedule for the specific county grouping, shall be provided for a client receiving sheltered care/personal or nursing care in a licensed group care facility. The rate schedules are indicated in Section 113.260.

b) A deduction from the client's income is allowed to meet the needs of a dependent spouse and/or children under age 21 who do not have enough income to meet their needs and whose assets do not exceed the asset limit. To determine needs and asset limits:

- 1) for spouse only, use the AABD MAG income standard and MAG asset disregard
- 2) for spouse and/or dependent child(ren), use AFDC MAG payment level and MAG asset disregard.

(Source: Amended at 24 Ill. Reg. 13394, effective AUG 18 2000)

**Section 113.260 Sheltered Care/Personal or Nursing Care Rates**

Group A # Counties	Needs Assessment	Group B # Counties
\$ 821.55 740-55	0-7	\$ 833.55 730-55
826.55 723-55	8	839.55 736-55
831.55 728-55	9	845.55 742-55
836.55 733-55	10	851.55 748-55
841.55 738-55	11	857.55 754-55
846.55 743-55	12	863.55 760-55
851.55 748-55	13	869.55 766-55
856.55 753-55	14	875.55 772-55
861.55 758-55	15	881.55 778-55
866.55 763-55	16	887.55 784-55
871.55 768-55	17	893.55 790-55
876.55 773-55	18	899.55 796-55
881.55 778-55	19	905.55 802-55
886.55 783-55	20	911.55 808-55
891.55 788-55	21	917.55 814-55
896.55 793-55	22	923.55 820-55

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ratio of 12:1 for standardized time necessary to provide for each individual's daily medication needs. Additionally, this rulemaking increases health status monitoring for all individuals in ICF/DD-16s by adding payment of \$0.57 (\$208.05 annually) per person per day in reimbursement for 13 annual hours of base licensed nursing.

16) Information and questions regarding this adopted amendment shall be directed to:

Ms. Susan Weir, Bureau Chief  
Bureau of Administrative Rules and Procedures  
Department of Human Services  
100 South Grand Avenue East  
3rd Floor, Harris Bldg.  
Springfield, Illinois 62762  
(217) 785-9772

The full text of adopted amendments begins on the next page:

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1) Heading of the Part: Developmental Disabilities Services

2) Code Citation: 89 Ill. Adm. Code 144

3) Section Numbers: Adopted Action:

- 144.160 Added
- 144.165 Added
- 144.275 Amended
- 144.300 Amended

4) Statutory Authority: Implementing Section 18.3 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/18.3] and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/5].

5) Effective Date of Amendments: August 18, 2000

6) Does this rulemaking contain an automatic repeal date? No

7) Does this amendment contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: April 14, 2000, 74 Ill. Reg. 6244

10) Has JCAR Issued a Statement of Objection to this amendment? No

11) Differences between proposal and final version: None

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this amendment replace an emergency amendment currently in effect? Yes

14) Are there any amendments pending on this Part: No

15) Summary and Purpose of Amendments: This rulemaking applies only to ICF/DD-16s and results from P.A. 91-0630, which permits trained, unlicensed staff to provide medication to individuals residing in ICF/DD-16s under registered professional nurse supervision. These amendments add a per diem amount to the ICF/DD-16 payment rate for reimbursement of nurse supervision of medication administration using a wage factor that is now standard for DHS' entire community system and a

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TITLE 89: SOCIAL SERVICES  
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES  
SUBCHAPTER d: MEDICAL PROGRAMS

PART 144  
DEVELOPMENTAL DISABILITIES SERVICES

Section	Incorporation By Reference
144.1	Determination of Program (Active Treatment) Costs
144.5	ICF/MR Service Criteria
144.25	Inspection of Care and Rate Setting Appeal Process
144.50	Comprehensive Functional Assessments and Reassessments (Repealed)
144.75	Exceptional Care Needs of Clients with Developmental Disabilities
144.100	Individual Program Plan (IPP) (Repealed)
144.105	Specialized Care - Behavior Development Programs
144.125	Specialized Care - Health and Sensory Disabilities
144.150	Base Nursing in Facilities Licensed as ICF/DD-16s including Small Scale (4 and 6 bed) ICF/DD-16s
144.160	Medication Administration in Facilities Licensed as ICF/DD-16s including Small Scale Residential Facilities (4 and 6 beds) ICF/DD-16s
144.165	Functional Needs
144.175	Service Needs - Medical Care (Repealed)
144.200	Service Needs - Medical and Therapy Services (Repealed)
144.205	Individual Rights (Repealed)
144.225	Reconciliation of Resident Funds
144.230	Discharge Planning/Maximum Growth Potential Plan (Repealed)
144.250	Reimbursement for Program (Active Treatment) Costs in Residential Facilities for Clients with Developmental Disabilities
144.275	Reimbursement for Program (Active Treatment) Costs in Small Scale Residential Facilities (4 and 6 bed) ICF/DD-16s
144.300	Capital Rate Calculation
144.325	Overview of Staff Intensity Scale of Maladaptive Behaviors
TABLE A	IPP Intensity Scale
TABLE B	IPP Outcomes (Repealed)
TABLE C	Guidelines for Determining Levels of Functioning
TABLE D	Standardized Adaptive Functional Assessment
TABLE E	

**AUTHORITY:** Implementing Section 18.3 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/18.3] and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/5].

**SOURCE:** Adopted at 14 Ill. Reg. 4166, effective March 9, 1990; Section 144.275 recodified from 89 Ill. Adm. Code 146.225 at 14 Ill. Reg. 7651; amended at 14 Ill. Reg. 17988, effective October 29, 1990; amended at 15 Ill. Reg. 14084,

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effective September 24, 1991; emergency amendment at 15 Ill. Reg. 16148, effective October 22, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3497, effective February 28, 1992; amended at 16 Ill. Reg. 5898, effective March 20, 1992; amended at 17 Ill. Reg. 8478, effective June 1, 1993; amended at 17 Ill. Reg. 11480, effective July 16, 1993; emergency amendment at 17 Ill. Reg. 15126, effective September 2, 1993, for a maximum of 150 days; emergency amendment suspended effective October 12, 1993; emergency amendment repealed at 17 Ill. Reg. 22582, effective December 20, 1993; emergency amendment at 18 Ill. Reg. 11314, effective July 1, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16619, effective October 27, 1994; amended at 19 Ill. Reg. 7890, effective February 22, 1995; amended at 19 Ill. Reg. 7906, effective June 5, 1995; amended at 20 Ill. Reg. 6916, effective May 6, 1996; emergency amendment at 20 Ill. Reg. 7426, effective May 24, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 9072, effective June 28, 1996; amended at 20 Ill. Reg. 11326, effective August 1, 1996; amended at 20 Ill. Reg. 12465, effective August 30, 1996; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322, amended at 22 Ill. Reg. 9287, effective May 15, 1998; amended at 23 Ill. Reg. 932, effective January 6, 1999; emergency amendment at 24 Ill. Reg. 6431, effective March 31, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 13404, effective \_\_\_\_\_.

**Section 144.160 Base Nursing in Facilities Licensed as ICF/DD-16s including Small Scale (4 and 6 bed) ICF/DD-16s**

- Base nursing in ICF/DD-16s staffing and reimbursement recognizes the need for adults with developmental disabilities to have regular health care supports.
- Base nursing provides for licensed practical nurse services and/or registered professional nurse services and supervision.
- The addition of base nursing provides for nursing assessments, identification and updating of nursing care plans, health risk identification and planning, Tardive Dyskinesia (TD) screening, coordination and implementation of medical services, monitoring of medication effectiveness and side effects, and annual flu immunization.

(Source: Added at 24 Ill. Reg. 13404, effective August 2000.)

**Section 144.165 Medication Administration in Facilities Licensed as ICF/DD-16s including Small Scale Residential Facilities (4 and 6 bed) ICF/DD-16s**

- Medications may be administered by unlicensed staff who have been trained and are supervised by registered professional nurses, in accordance with P.A. 91-0630 and 59 Ill. Adm. Code 116.
- Reimbursement for the supervision of this medication administration will be provided as described in Sections 141.273 and 144.300.



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(Source: Added at 24 Ill. Reg. 13404, effective April 17, 2000)

**Section 144.275 Reimbursement for Program (Active Treatment) Costs in Residential Facilities for Clients with Developmental Disabilities**

Residential facilities, including distinct parts of facilities, for clients with developmental disabilities (ICF/MR certification with licensure for ICF/DD, ICF/DD-16, SLC, and ICF/MR-SNF/FED license), excluding State-operated facilities for individuals with developmental disabilities, will be reimbursed for an active treatment program for each client. Facility program reimbursement levels will be derived by the Department from the following four determinants which in combination will result in a total facility program per diem amount. These four determinants will be determined according to information provided in the most recent Inspection of Care (IOC) conducted by Department of Public Health survey staff. This IOC information must be validated by the survey staff prior to utilization for payment purposes. The new reimbursement level will be effective on the first day of the quarter following a facility's IOC. Where dollar, wage, or salary amounts are used, these shall be inflated to the fiscal year for which reimbursement will be made.

- a) Minimum Staffing
  - 1) Direct Services - Facilities must be in compliance with the Health Care Financing Administration's (HCFA) (42 CFR 483.430 (1996)) minimum average daily staffing standards relative to client population according to each individual's overall level of functioning:

Overall Level	FTE* Staff : Client Ratio
Mild	1:5
Moderate	1:2.5
Severe or Profound	1:2
*FTE = Full Time Equivalent	

- A) Determination of levels of functioning of clients with mental retardation and related conditions, in accordance with the definition of the American Association of Mental Retardation (Mental Retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period), will include both:

- i) an assessment of intellectual functioning as measured by a standardized, full scale, individual intelligence test such as the Stanford Binet and WAIS-R. Such an assessment must be administered by a psychologist who is registered in Illinois under the Clinical

- ii) Psychologist Licensing Act (Illinois Department of Professional Regulation); and an assessment of adaptive behaviors using a nationally standardized, Department approved assessment instrument, such as the Scales of Independent Behavior (SIB) or the Inventory for Client and Agency Planning (ICAP). Such an assessment instrument will be utilized by at least one Qualified Mental Retardation Professional (QMRP) to evaluate each client's functional skills and adaptive behaviors.

- B) The final determination of each client's overall level of functioning employs both the assessment of intellectual functioning and the assessment of adaptive behaviors, and will be made according to the criteria set forth in Section 144-Table D and Section 144-Table E of this Part.

- C) The amount for Direct Services for these staffing ratios shall be obtained by:

- 1) determining the number of clients within each overall level of functioning; dividing each number by the client component of the staff; client ratio; summing these quotients; multiplying the sum by the aide hourly wage factor, and then by 2080 (52 weeks times 40 hours per week), to obtain a total annual Direct Service cost; and dividing this total by 365 days and then by the number of clients to obtain the amount for Direct Services per client per day. For example, if a facility serves 40 clients in the mild level of functioning, 30 clients in the moderate level of functioning, and 30 clients in the severe/profound level of functioning, the number of FTE Direct Services staff will be  $(40 \text{ divided by } 5) + (30 \text{ divided by } 2.5) + (30 \text{ divided by } 2) = 35$ . If the aide hourly wage is \$5.00, the total annual cost will be  $35 \times \$5 \times 2080 = \$364,000$ . The amount for FTE Direct Services per client per day will then be  $\$364,000 \text{ divided by } 365 \text{ divided by } 100 = \$9.97$ .

- ii) In ICF/DD-16 facilities, the foregoing calculation is modified such that in step two of subsection (a)(1)(C)(i) of this Section, the facility may receive an amount for up to an additional .5 FTE. Direct Service is determined by multiplying .5 FTE by the proportion found by the ratio of the number of Medicaid eligible clients in the severe/profound level of functioning divided by the total number of eligible clients.

- 2) Licensed Nurses-Facilities must be in compliance with HCFA (42 CFR 483.460 (1996)) and Illinois Department of Public Health (IDPH) (77 Ill. Adm. Code 350.1230) staffing standards relative

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to facility type.

- A) An ICF/MR (ICF/DD, SLC, SNF/PED but excluding ICF/DD-16) licensed for a population of 90 or fewer clients, none of whom require services under Levels II and III of Specialized Care-Health and Sensory Disabilities (Section 144.150(c) and (d)), will be reimbursed for a minimum of 4.8 FTE nurses. A facility with only such a population which has a licensed capacity greater than 90 clients will be reimbursed for additional FTE nurses according to the following Table:

Client Type	FTE Nurse : Client Ratio
Greater than 30	1:18.7
Specialized Care - Health and Sensory Disabilities needs under Levels II and III	

- B) An ICF/MR (ICF/DD, SLC, SNF/PED but excluding ICF/DD-16) licensed for a population of 30 or fewer clients, all of whom require services under Level(s) II and/or III of Specialized Care - Health and Sensory Disabilities will be reimbursed for a minimum of 4.8 FTE nurses. A facility with only such a population which has a licensed capacity greater than 30 clients will be reimbursed for additional FTE nurses according to the following Table:

Client Type	FTE Nurse : Client Ratio
Greater than 30	1:16.25
Specialized Care - Health and Sensory Disabilities under Level(s) II and III	

AGENCY NOTE: The Omnibus Reconciliation Act of 1987 (P.L. 100-203) requirements prohibit the admission of individuals with a primary diagnosis of mental retardation into non-ICF/MR facilities. Therefore, SNF/PED facilities which meet ICF/MR certification requirements must be certified ICF/MR in order to comply with Federal law when admitting individuals with mental retardation. Facilities which undergo certification conversion to ICF/MR will retain State licensure for skilled care (SNF/PED).

- C) An ICF/MR (ICF/DD, SLC, SNF/PED but excluding ICF/DD-16)

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which has a licensed capacity of 30 clients or more, some of whom require services under Level(s) II and/or III of Specialized Care - Health and Sensory Disabilities, and some of whom do not require such services, will be reimbursed for a minimum of 4.8 FTE nurses for non Specialized Care individuals plus additional FTE nurses, up to a maximum of a 1:6.25 ratio, according to the following Table:

Client Type	FTE Nurse : Client Ratio
Clients requiring Specialized Care - Health and Sensory Disabilities under Level(s) II and/or III	1:6.25

Client Type	FTE Nurse : Client Ratio
Clients with no Specialized Care needs under Levels II and III	1:18.75

For example, for a facility with a licensed capacity of 42 clients, 15 of whom require services under Level(s) II and/or III, and 27 of whom do not require such services, the number of FTE nurses will be  $(15 \text{ divided by } 6.25 = 2.40) + (27 \text{ divided by } 18.75 = 1.44)$ , however, reimbursement will be calculated at the minimum of 4.8 = 7.2. Utilizing the maximum client ratio allowed, the facility will be reimbursed for 6.72 FTE nurses  $(42 \text{ divided by } 6.25 = 6.72)$ . Licensed nurses are not required in an ICF/DD-16 if none of the clients require a physician's medical care plan of treatment.

- D) i) An ICF/DD-16 which has eight or fewer clients with medical care plans of treatment but who do not require services under Specialized Care - Health and Sensory Disabilities, Level(s) II and/or III, will be reimbursed for .5 FTE nurse. A facility with nine or more such clients will be reimbursed for one FTE nurse.  
ii) An ICF/DD-16 with clients requiring medical care plans of treatment and additional medical services under Specialized Care - Health and Sensory Disabilities, Level(s) II and/or III, will be reimbursed according to the method in subsection (a)(2)(D)(i) of this Section, plus additional reimbursement for licensed nurses using an FTE nurse: client ratio of 1:6.25 up to a maximum of the 1:6.25 ratio.

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- E) The licensed nurse component is computed similarly to the method in subsection (a)(1)(C) of this Section. To determine the amount for Licensed Nurses, the number of FTE nurses required for each facility type and/or for clients receiving services under Specialized Care - Health and Sensory Disabilities, Level(s) II and/or III, shall be obtained according to subsections (a)(2)(A), (B), (C) and (D) of this Section. This number is multiplied by the hourly nurse wage factor and then by 2080 (52 weeks x 40 hours). The product is divided by 365 and then by the number of clients.
- 3) The total reimbursement amount for Minimum Staffing is the sum of the amount for Direct Staff plus the amount for Licensed Nurses.
- b) Active Treatment
- 1) Qualified Mental Retardation Professional (QMRRP) - a person who has at least one year of experience working directly with persons with mental retardation or other developmental disabilities, and is one of the following:
    - A) A doctor of medicine or osteopathy.
    - B) A registered nurse.
    - C) An individual who holds at least a bachelor's degree in one of the following professional categories: Occupational Therapist; Physical Therapist; Psychologist; Master's Degree; Social Worker; Recreation Specialist; Registered Dietitian; and Human Services, including but not limited to Sociology, Special Education, Rehabilitation Counseling, and Psychology. (42 CFR 483.430 (1996))
  - D) The amount for QMRRPs assumes that a full-time QMRRP is required for every 15 clients. The number of QMRRPs shall be obtained by dividing the number of clients in the facility by 15. The obtained number of QMRRPs is multiplied by the hourly wage factor and then by 2080. The product is divided by 365 and then by the number of clients to arrive at an amount per client per day.

2) Interdisciplinary Team (IDT)

- A) The amount for services rendered by the IDT assumes that each client requires one day of IDT services per year. This amount is computed to be \$1.82 per client per day.
- B) Interdisciplinary Team - A team which represents the professions, disciplines, or service areas that are relevant to identifying the client's needs and designing programs that meet the client's needs. Appropriate facility staff must participate in interdisciplinary team meetings. Participation by other agencies serving the client is required (see the Department of Public Aid's rule at 89 Ill. Adm. Code 140.647). Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is

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3) Additional Direct Service Staff (ADSS)

- unobtainable or inappropriate. (42 CFR 483.440 (1996))
- A) The amount for ADSS assumes an FTE staff:client ratio of 1:7.5. The total number of clients is divided by 7.5 and a per diem amount is obtained according to the method described in subsection (a)(1)(B) of this Section. In such facilities, the foregoing calculation is modified so that the overall level of functioning is distributed proportionately across each living unit (16-18 clients) in step one of the calculation. If dividing the number of clients results in a fraction, it is rounded up to the next whole number in proportion to the number of clients in the severe/profound level of functioning. The total FTE is obtained by summing the calculation results from each living unit.
  - B) Additional Direct Services Staff - Staff which is in addition to HCFA's minimum average daily staffing standards (subsection (a)(1) of this Section), and for which the Department will provide reimbursement to ensure the delivery of active treatment. Examples of ADSS include, but are not limited to, staff who provide activity services, dietetic aides, and music therapists.
  - C) The total reimbursement amount for Active Treatment is the sum of the amounts for QMRRP, IDT and ADSS.
  - c) Specialized Care
    - An additional amount shall be paid for clients meeting the requirements for services under Specialized Care. Detailed descriptions of services under Specialized Care are found in Section 144.123 Specialized Care - Behavior Development Programs, and Section 144.150, Specialized Care - Health and Sensory Disabilities. The service level for each client meeting the criteria of more than one level under Specialized Care shall be determined according to his/her disability or functional deficit which represents the most intense need for services under Specialized Care, and results in the greatest reimbursement.
    - 1) Specialized Care - Behavior Development Programs
      - Behavior development programs are related to maladaptive behaviors which occur with high frequency and/or great severity, and are instituted for the reduction of maladaptive behaviors, and/or the increase of adaptive behaviors. The behavior development program shall demonstrate the need for and use of a more intensive staffing pattern (direct care staff) than the regular pattern which is reimbursed for under subsection (a)(1) of this Section. The service level for a client who meets the requirements for services under Specialized Care - Behavior Development Programs will be identified and validated during the most recent IOC.
      - A) Level 1 - .5 hours FTE Direct Service per day. More intense

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program services are provided for behaviors which occur with high frequency, but moderate severity, such as verbal abuse one or more times per four hours which is hostile in tone and content.

B) Level II - 1.0 hours FTE Direct Service per day. More intense program services are provided for behaviors which occur with high frequency and are aggressive or destructive, such as purposeful attacks of others which may result in minimal injuries, one or more times per day.

C) Level III - 2.0 hours FTE Direct Service per day. More intense program services are provided for behaviors which occur with very high frequency such as hyperactivity one or more times per minute, or occur with high frequency and are seriously aggressive, assaultive or destructive and which may result in serious injury.

## 2) Specialized Care - Health and Sensory Disabilities

Specialized services for health and sensory disabilities refer to care which some clients must receive in order to attain physical health and development.

### A) Definitions

i) Ambulatory-The client is capable of walking without assistance or the aid of adaptive equipment or devices.

ii) Mobile Nonambulatory-The client is capable of locomotion with mobility assistance such as adaptive equipment or devices.

iii) Nonmobile-The client is not capable of locomotion even with mobility assistance.

B) Level I - .5 hours FTE Direct Service per day. The client is ambulatory, mobile nonambulatory, or has the potential to become mobile nonambulatory, and requires services to compensate for a sensory deficit (auditory or visual), or services enabling him or her to be mobile (physical disabilities).

i) Sensory deficits-visual. The client's vision is 20/200 or less in the better eye with the greatest possible correction (Section 2 of the Blind Persons Operating Vending Machines Act [20 ILCS 2420/2]).

ii) Sensory deficits-auditory. The client has a hearing impairment of at least 55 decibels in the better ear, unaided.

iii) Physical disabilities means physical impairments which result in functional deficits requiring the client to receive training in the use of a device or devices, to achieve some level of independent mobility.

C) Level II - 1.0 hours FTE Direct Service per day. The client is nonmobile or mobile nonambulatory, requires mobility assistance, and requires services to meet high personal care

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needs. The client may also have significant daily medical needs and/or dual sensory deficits (visual and auditory).

i) Mobility assistance means assistance in transferring from a bed to an alternative position device, and assistance with movement/mobility around the facility.

ii) High personal care means one or more of the following: assistance with bathing, clothing, grooming and hygiene, eating and continence; position changes at two hour intervals, or as specified in the individual program plan; range of motion twice a day, or as specified in the individual program plan.

iii) Daily medical need means daily insulin injections, drug (insulin) monitoring, and/or ostomy care for a jejunostomy, ileostomy or colostomy.

iv) Dual sensory deficits means both an auditory disability and a visual disability.

AGENCY NOTE: A client who meets the criteria for Level II services is eligible for the FTE nurse:client ratio according to subsections (a)(2)(B), (C) and (D) of this Section.

D) Level III - 2.0 hours FTE Direct Service per day. The client is typically nonmobile or mobile nonambulatory, but may be ambulatory, and requires services to meet high medical needs. High medical needs mean one or more of the following:

i) daily intermittent catheterization; care for wounds including stage III and IV decubitus ulcers, deep wounds, infected wounds, extensive burns, or extensive lesions requiring treatment in the form of medications, dressings, whirlpool, ultraviolet light and/or irrigations;

iii) respiratory care including tracheotomy care, positive pressure breathing treatments, aerosol therapy, postural drainage and percussion, vibration and/or suctioning;

iv) feeding via nasogastric tube, or prolonged oral feeding; and

v) intensive physical habilitation due to a functional deficit as determined by physical or psychological causes.

AGENCY NOTE: A client who meets the criteria for Level III services is eligible for the FTE nurse:client ratio according to subsections (a)(2)(B), (C) and (D) of this Section.

3) The total reimbursement amount for Specialized Care shall be the sum of the amounts determined under subsections (c)(1) and (2) of this Section, pro-rated over the number of eligible clients identified in the most recent facility reimbursement survey. For

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example, if the hourly wage is \$5.00, assume a facility with ten residents, two of whom meet the criteria for Specialized Care - Health and Sensory Disabilities Level II, subsection (c)(2)(C) of this Section, with no daily medical needs or sensory deficits, and eight of whom do not meet Specialized Care criteria. The facility will receive an amount of \$.81 per client per day (two hours X 1.14 (FRE adjustment factor) divided by eight hours/day = .285 staff; then .285 X (2080 hours/year divided by 365 days/year); then divide by ten clients and multiply by \$5.00 to obtain \$0.81).

## d) Related Costs

- 1) An amount per client per day will be paid for other program costs, including program - related supplies, consultants and other items necessary for the delivery of active treatment to clients in accordance with their individual program plans.
- 2) For each facility type, this amount will be determined as follows. Add the amounts determined for subsections (a), (b) and (c) of this Section, but excluding the amount for the IDT (subsection (b)(2) of this Section), and then multiply this sum by the factor determined by the Department for the facility's geographic area (see the Department of Public Aid's rule at 89 Ill. Adm. Code 140. Table B). The product plus the amount for the IDT (subsection (b)(2) of this Section), is then multiplied by a constant for the facility type, as follows:

Facility Type	Constant
ICF/DD	.10
SNF/PED or ICF/DD (An ICF/DD with some clients requiring services under Level(s) II and/or III of Specialized Care - Health and Sensory Disabilities).	.15
ICF/DD-16 & SLC	.20

- 3) An ICF/DD with some clients requiring services under Level(s) II and/or III of Specialized Care - Health and Sensory Disabilities, and some clients not requiring such services will have the total related cost calculated according to the weighted sum of the number of clients requiring Level(s) II and/or III multiplied by .15, plus the number of clients not requiring such services multiplied by .10. For example, for a facility with a licensed capacity of 90 clients, 30 of whom require services under Level(s) II and/or III, and 60 of whom do not require such services, the total related cost will be calculated according to

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subsection (d)(2) of this Section for both groups of clients. (That is, subsections (a), (b) and (c) of this Section are summed, excluding the amount for the IDT, for clients requiring Level(s) II and/or III and for clients not requiring Level(s) II and/or III. Each sum is multiplied by the factor determined by the Department for the facility's geographic area, and the products are added to the amount for the IDT. Each outcome is multiplied by the appropriate constant (the SNF/PED-ICF/DD constant of .15 or the ICF/DD constant of .10), and then by the number of clients in each group respectively. The two products are summed and then divided by the total number of clients.

4) An amount will also be paid for dental services which are in compliance with HCFA's regulations (42 CFR 483.460(e), (f) and (g) (1996)), for each client age 21 or more. This amount will be determined by adding the flat per diem of \$.40 to the amount calculated according to subsection (d)(2) of this Section. This per diem will cover the costs of prophylaxis treatment up to once every six months, and periodontal services as needed for each eligible client.

- 5) An amount will also be paid for base nursing assessments, development and updating of nursing care plans, health risk information and planning, Tardive Dyskinesia (TD) screening, coordination and implementation of medical services, monitoring of medication effectiveness and side effects, and annual flu immunizations in ICF/DD-16s. A flat per diem of \$.57 provides for 12 hours of licensed practical nurse time per person per year and one hour of registered professional nurse time per person per year.

6) An amount will also be paid for supervision of medication administration. The amount to be reimbursed is based upon a 1:12 ratio of registered professional nurse time at \$19.44 per hour (including fringe benefits) to medication administration time. Medication administration time is based upon the number of medication episodes per day documented by each individual's Medication Administration Record (MAR) and the following:

- A) Five Minute Episode - Simple medication preparation, individual self-medication training, administration, and documentation, e.g., up to four medications at one time consisting of oral medications, topical medications, ear drops, creams, and/or lotions. Medications in this category may be simple pill administration or may require the pill be crushed and mixed with an edible binder such as applesauce or pudding. This episode type also includes monitoring a person for "checking" or spitting out medication.
- B) Ten Minute Episode - Advanced medication preparation, individual self-medication training, administration and documentation, e.g., glucose monitoring with set insulin injection, blood pressure and/or pulse checks required prior





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care rate for clients admitted without previously determined ICF/MR eligibility, or who are ineligible for ICF/MR services as determined by the IDT or IOC process, and remain in the facility for more than one year following the date of the determination of ineligibility.

2) Licensed Nurses

- A) If a client requires nursing services due to a physician's plan of care, reimbursement is calculated according to Section 144.275(a)(2)(D). The FTE nurse to client ratios which are specified for ICF/MR facilities with 16 or fewer beds, are also used for a set of small scale ICF/MR facilities as identified by the provider agreements (see the Department of Public Aid's rule at 89 Ill. Adm. Code 140.561(a)).
- B) The licensed nurse component is computed according to the method in Section 144.275(a)(2)(E).
- 3) The total reimbursement amount for Minimum Staffing is the sum of the amount for Direct Services staff plus the amount for Licensed Nurses.

b) Active Treatment

- 1) Qualified Mental Retardation Professional (QMRP) (Section 144.275(b)(1)(A), (B) and (C)).
- A) The reimbursement amount paid is based on sixteen clients in an identified set of 4-person and 6-person ICFs/MR.
- B) The amount for QMRPs is based on a required full-time QMRP for every 15 clients. The number of QMRPs shall be obtained by dividing the number of clients in the facility by 15. The amount paid for QMRPs is computed according to the method in Section 144.275(b)(1)(D).
- 2) Interdisciplinary Team (IDT) (Section 144.275(b)(2)(B)) - The amount for services rendered by the IDT is based on one day of IDT services per year for each client. This amount is computed to be \$1.82 per client per day.
- 3) The total reimbursement amount for Active Treatment is the sum of the amounts for QMRP and IDT.

c) Related Costs

- 1) An amount per client per day will be paid for other program costs, including program-related supplies, consultants and other items necessary for the delivery of active treatment to clients in accordance with their individual program plans.
- 2) For each facility, this amount will be determined as follows. Add the amount determined for subsections (a) and (b) of this Section, but exclude the amount for the IDT. Multiply this sum by the factor determined by the Department for the facility's geographic area. The product plus the amount for the IDT is then multiplied by the constant of .20.
- 3) An amount will be paid for dental services that are in compliance with the Health Care Financing Administration's regulations (42

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CFR 483.460(e), (f) and (g) (1996)) for each client age 21 or more. This amount will be determined by adding the flat per diem of \$.40 to the amount calculated according to subsection (c)(2) of this Section. This per diem will cover the costs of prophylaxis treatment up to once every six months, and peridontal services as needed for each eligible client.

- 4) An amount will also be paid for base nursing for assessments, development and updating of nursing care plans, health risk identification and planning, Tardive Dyskinesia (TD), screening, coordination and implementation of medical services, monitoring of medication effectiveness and side effects, and annual flu immunizations in small scale residential facilities licensed as ICF/DD-16s. A flat per diem of \$.57 provides for 12 hours of licensed practical nurse time per person per year and one hour of registered professional nurse time per person per year.

- 5) An amount will also be paid for supervision of medication administration. The amount to be reimbursed is based upon a 1:12 ratio of registered professional nurse time at \$19.44 per hour (including fringe benefits) to medication administration time. Medication administration time is based upon the number of medication episodes per day documented by each individual's Medication Administration Record (MAR) and the following:

A) Five Minute Episode - Simple medication preparation, individual self-medication training, administration, and documentation, e.g., up to four medications at one time consisting of oral medications, topical medications, ear drops, creams, and/or lotions. Medications in this category may be simple pill administration or may require the pill be crushed and mixed with an edible binder such as applesauce or pudding. This episode type also includes monitoring a person for "cheeking" or spitting out medication.

B) Ten Minute Episode - Advanced medication preparation, individual self-medication training, administration and documentation, e.g., glucose monitoring with set insulin injection, blood pressure and/or pulse checks required prior to medication administration, and/or five or more medications at one time.

C) Fifteen Minute Episode - Complex medication preparation, individual self-medication training, administration and documentation, e.g., glucose monitoring with sliding scale insulin injection, injectable medications, rectal anti-spasmodic medications, i.e., Diastat with monitoring.

- d) Total program per diem - Total program per diem for each small scale residential facility will be the sum of the amounts from subsections (a), (b) and (c) of this Section.

(Source: Amended at 24 Ill. Reg. 13404 effective APR 18 2000)



## DEPARTMENT OF HUMAN SERVICES

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- 1) Heading of the Part: Related Program Provisions
- 2) Code Citation: 89 Ill. Adm. Code 117
- 3) Section Numbers: Adopted Action:  
117.50 Amendment
- 4) Statutory Authority: Implementing Article III, IV and VI and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III, IV and VI, and 12-13].

5) Effective Date of Amendments: August 18, 2000

6) Does this rulemaking contain an automatic repeal date? No

7) Do these amendments contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: April 28, 2000 (24 Ill. Reg. 6633)

10) Has JCAR Issued a Statement of Objection to this amendment? No

11) Differences between proposal and final version: No changes were made in the text of the proposed amendments.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace emergency amendments currently in effect? Yes

14) Are there any amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
117.10	Amendment	24 Ill. Reg. 9323
117.11	Amendment	24 Ill. Reg. 9323
117.60	Amendment	24 Ill. Reg. 9323

15) Summary and Purpose of Amendments: These amendments increase payments for funeral and burial expenses.

16) Information and questions regarding these adopted amendments shall be directed to:

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Mrs. Susan Weir, Bureau Chief  
Bureau of Administrative Rules and Procedures  
Department of Human Services  
100 South Grand Avenue East  
3rd Floor, Harris Bldg.  
Springfield, Illinois 62762  
(217) 785-9772

The full text of adopted amendments begins on the next page:

## DEPARTMENT OF HUMAN SERVICES

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TITLE 89: SOCIAL SERVICES  
 CHAPTER IV: DEPARTMENT OF HUMAN SERVICES  
 SUBCHAPTER VI: DISTRICT, COUNTY, TOWNSHIP AND SPECIAL ACT  
 MUTUAL COMPANIES  
 SUBCHAPTER b: ASSISTANCE PROGRAMS

## PART 117

## RELATED PROGRAM PROVISIONS

Section  
 117.1 Incorporation By Reference  
 117.10 Payee for Financial Assistance  
 117.11 Issuance of Cash Assistance Benefits  
 117.12 Client Training for the Electronic Benefits Transfer (EBT) System  
 117.13 Replacement of the EBT Card  
 117.15 Reinstatement Upon Agreement to Cooperate  
 117.20 Replacement of Missing Warrants  
 117.30 Withholding of Rent (Repealed)  
 117.40 Recovery of Interim Assistance - Aid to the Aged, Blind or Disabled and General Assistance  
 117.50 Funerals and Burials  
 117.51 Funeral Home Services  
 117.52 Burial Expenses  
 117.53 Payment to Vendor(s)  
 117.54 Claims for Reimbursement  
 117.55 Submittal of Claims  
 117.60 Substitute Parental Care/Supplemental Child Care - AFDC, AABD and GA Family Cases  
 117.70 Charge for Replacement of Photo ID Cards (Repealed)  
 117.80 Direct Deposit of Recipients' Warrants  
 117.90 State Income Tax Match  
 117.91 New Hire Match  
 117.92 Electronic Finger Imaging

AUTHORITY: Implementing Articles III, IV and VI and authorized by Section 12-13 of the Illinois Public Aid Code [305 ICS 5/Arts. III, IV and VI, and 12-13].

SOURCE: Filed and effective December 30, 1977; amended at 2 Ill. Reg. 31, p. 68, effective August 3, 1978; amended at 3 Ill. Reg. 38, p. 258, effective September 20, 1979; amended at 3 Ill. Reg. 41, p. 167, effective October 1, 1979; codified at 7 Ill. Reg. 5:195; amended at 7 Ill. Reg. 16:111, effective November 22, 1983; amended at 9 Ill. Reg. 3726, effective March 13, 1985; amended at 9 Ill. Reg. 4526, effective March 20, 1985; amended at 9 Ill. Reg. 8733, effective May 29, 1985; amended at 9 Ill. Reg. 10779, effective July 5, 1985; amended at 9 Ill. Reg. 16914, effective October 16, 1985; amended at 11 Ill. Reg. 4759, effective March 13, 1987; amended at 12 Ill. Reg. 2985, effective January 13, 1988; amended at 12 Ill. Reg. 13608, effective August 15,

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1988; amended at 12 Ill. Reg. 14296, effective August 30, 1988; amended at 13 Ill. Reg. 3936, effective March 10, 1989; amended at 14 Ill. Reg. 780, effective January 1, 1990; amended at 14 Ill. Reg. 9488, effective June 1, 1990; amended at 15 Ill. Reg. 13533, effective August 1, 1991; amended at 16 Ill. Reg. 16644, effective October 23, 1992; emergency amendment at 17 Ill. Reg. 2368, effective February 8, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 8191, effective May 24, 1993; amended at 18 Ill. Reg. 3746, effective February 28, 1994; amended at 18 Ill. Reg. 7403, effective April 29, 1994; amended at 19 Ill. Reg. 1103, effective January 26, 1995; amended at 19 Ill. Reg. 10702, effective July 7, 1995; emergency amendment at 19 Ill. Reg. 15267, effective November 1, 1995, for a maximum of 150 days; amended at 20 Ill. Reg. 877, effective January 1, 1996; amended at 20 Ill. Reg. 5706, effective March 30, 1996; emergency amendment at 20 Ill. Reg. 10381, effective July 23, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 395, effective December 20, 1996; amended at 21 Ill. Reg. 7759, effective June 4, 1997; emergency amendment at 21 Ill. Reg. 8677, effective July 1, 1997, for a maximum of 150 days; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 21 Ill. Reg. 15591, effective November 26, 1997; amended at 22 Ill. Reg. 16251, effective September 1, 1998; amended at 22 Ill. Reg. 18951, effective October 1, 1998; amended at 23 Ill. Reg. 5263, effective April 19, 1999; amended at 23 Ill. Reg. 11174, effective August 27, 1999; amended at 23 Ill. Reg. 12638, effective October 15, 1999; emergency amendment at 24 Ill. Reg. 6723, effective April 14, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 18422, effective April 15, 2000.

## Section 117.50 Funerals and Burials

- a) Funeral and burial services shall be provided to eligible deceased individuals in accordance with Department standards.
- b) The maximum allowable amount which the Department may pay for funeral expenses of an eligible decedent, based on the decedent's age, is:
  - 1) \$700 effective 11/17/99, \$850 effective 07/01/00, and \$1000 effective 07/01/01 \$670 for an adult or child 5 years of age or older;
  - 2) \$436 effective 11/17/99, \$529 effective 07/01/00, and \$622 effective 07/01/01 \$417 for a child between the ages of 3 months and 5 years; and
  - 3) \$350 effective 11/17/99, \$425 effective 07/01/00, and \$500 effective 07/01/01 \$335 for a child under 3 months of age or stillborn.
- c) The maximum allowable amount which the Department will pay for burial (including cremation) expenses of an eligible decedent is \$350 effective 11/17/99, \$425 effective 07/01/00, and \$500 effective 07/01/01 \$335.
- d) When there is no hospital facility for disposal of amputated limbs by cremation or if burial is desired by the recipient, an allowance of \$15 for burial of amputated limbs may be paid to a funeral director.

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- e) No additional payment shall be made for burial of amputated limbs with the remainder of the body.
- f) The maximum allowable amount which the Department will pay for an Anatomical Gift case is \$100 effective 11/17/99, \$121 effective 07/01/00, and \$142 effective 07/01/01. \$96 for the funeral home services and \$50 for a memorial service held in the funeral home. In a Anatomical Gift case, the body has been donated for scientific study.

(Source: Amended at 24 Ill. Reg. 13422, effective  
Aug 10 2000)

## DEPARTMENT OF FINANCIAL INSTITUTIONS

## NOTICE OF PUBLIC HEARING ON PROPOSED RULES

- 1) Heading of the Part: Consumer Installment Loan Act
- 2) Code Citation: 38 Ill. Adm. Code 110
- 3) Register Citation to Notice of Proposed Rules: 24 Ill. Reg. 11717; August 11, 2000
- 4) Date, Time and Location of Public Hearing: September 13, 2000, 2:00 p.m. to 5:00 p.m. at James R. Thompson Center, 100 W. Randolph, Chicago, Illinois 60601.
- 5) Other Pertinent Information: Testimony from any interested person, entity or organization will be heard. Oral testimony shall be limited to 5 minutes per person, entity or organization. Participants are invited to submit written testimony in addition to, or in lieu of, oral testimony.

## DEPARTMENT OF HUMAN SERVICES

## JULY 2000 REGULATORY AGENDA

- a) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 113; Aid to the Aged, Blind or Disabled

1) Rulemaking:

A) Description: Increase the grant adjustment allowance and the sheltered care rates by the amount of the January 2001 SSA/SSI cost of living adjustment. The increase allows AABD cash clients to realize their Social Security benefit increase.

B) Statutory Authority: Article III and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13]

C) Scheduled Meeting/Hearing Date: None

D) Date agency anticipates First Notice: December 2000

E) Effect small business, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Susan Weir, Bureau Chief  
Bureau of Administrative Rules and Procedures  
Department of Human Services  
100 South Grand Avenue, East  
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information: None

- b) Part(s) (Heading and Code citation): 89 Ill. Adm. Code 115; Refugee/Entrant/Repatriate Program

1) Rulemaking:

A) Description: Change AFDC to TANF, remove Hardship and Special Assistance Program references, correct minimum wage amount, and make other corrections as needed.

B) Statutory Authority: Sections 12-4.5, 12-4.6 and 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-4.5, 12-4.6 and 12-13]

C) Scheduled Meeting/Hearing Date: None

D) Date agency anticipates First Notice: During the second half of 2000.

## DEPARTMENT OF HUMAN SERVICES

## JULY 2000 REGULATORY AGENDA

- E) Effect small business, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Susan Weir, Bureau Chief  
Bureau of Administrative Rules & Procedures  
Department of Human Services  
100 South Grand Avenue, East  
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information: None

- c) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 121; Food Stamps

1) Rulemaking:

A) Description: Benefit amounts are adjusted annually based on 100% of USDA's Thrifty Food Plan.

B) Statutory Authority: Section 804 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996

C) Scheduled Meeting/Hearing Date: None

D) Date agency anticipates First Notice: September 2000

E) Effect small business, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Susan Weir, Bureau Chief  
Bureau of Administrative Rules & Procedures  
Department of Human Services  
100 South Grand Avenue, East  
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information: None

- d) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 121; Food Stamps

1) Rulemaking:

A) Description: Raises the amount of the maximum excess shelter deduction to \$300 for households not having a qualifying member.

## DEPARTMENT OF HUMAN SERVICES

## JULY 2000 REGULATORY AGENDA

B) Statutory Authority: Section 804 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996

C) Scheduled Meeting/Hearing Date: None

D) Date agency anticipates First Notice: September 2000

E) Effect small business, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Susan Weir, Bureau Chief  
Bureau of Administrative Rules & Procedures  
Department of Human Services  
100 South Grand Avenue, East  
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information: None

e) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 520; Authorizations

1) Rulemaking: Amend

A) Description: This Part will be amended to clarify the condition under which services can be authorized.

B) Statutory Authority: Implementing and authorized by Section 3(a), (b) and (k) of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3 (a), (b) and (k)]

C) Scheduled Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100], as amended by P.A. 88-667.

D) Date agency anticipates First Notice: October 2000

E) Effect small business, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Susan Weir, Bureau Chief  
Bureau of Administrative Rules & Procedures

## DEPARTMENT OF HUMAN SERVICES

## JULY 2000 REGULATORY AGENDA

Department of Human Services  
100 South Grand Avenue, East  
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information: None

f) Part(s) (Heading and Code Citation): 89 Ill Adm. Code 590; Services

1) Rulemaking: Amend

A) Description: This Part will be amended to amend the rules on self-employment.

B) Statutory Authority: Implementing and authorized by Section 3(a), (b) and (k) of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3 (a), (b) and (k)]

C) Scheduled Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100], as amended by P.A. 88-667.

D) Date agency anticipates First Notice: October 2000

E) Effect small business, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Susan Weir, Bureau Chief  
Bureau of Administrative Rules & Procedures  
Department of Human Services  
100 South Grand Avenue, East  
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information: None

g) Part(s) (Heading and Code Citation): 89 Ill Adm Code 10; General Administrative Provisions

1) Rulemaking:

A) Description: Expand the exception to disclosing TANF and GA case information only for the administration of the program. The Department is to make TANF and GA case information available on

## DEPARTMENT OF HUMAN SERVICES

## JULY 2000 REGULATORY AGENDA

request to a law enforcement agency, the officers of any court, and to such other persons or agencies as may be authorized by any court.

B) Statutory Authority: Change is required by amendment to Section 11.9 of the Public Aid Code, effective 01/01/00.

C) Scheduled Meeting/Hearing Date: None

D) Date agency anticipates First Notice: August 2000

E) Effect on small business, small municipalities or not for profit corporations: None

F) Agency contact person for information:

Susan Weir, Bureau Chief  
Bureau of Administrative Rules & Procedures  
Department of Human Services  
100 South Grand Avenue, East  
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information: None

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLYSTATEMENT OF OBJECTION  
TO PROPOSED RULEMAKING

## DEPARTMENT OF HUMAN SERVICES

Heading of the Part: Child Care

Code Citation: 89 Ill Adm Code 50

Section Numbers: 50.410

Date Originally Published in the Illinois Register: 4/21/00  
24 Ill Reg 6477

At its meeting on August 15, 2000, the Joint Committee on Administrative Rules objected to the Department of Human Services' rulemaking entitled "Child Care" (89 Ill Adm Code 50) because the rulemaking contains 2 provisions not specifically authorized by statute: a requirement that family members of licensed-exempt child care providers (13 and over) agree to a Child Abuse and Neglect Tracking System background check and that the CAWTS check be repeated every 2 years, and because the Department is creating guidelines for denial of payments that are more stringent on license exempt providers than similarly situated licensed providers.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall constitute withdrawal of this proposed rulemaking. The agency's response will be placed on the JCAR agenda for further consideration.



JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION  
TO PROPOSED RULEMAKING

DEPARTMENT OF PUBLIC HEALTH

Heading of the Part: Asbestos Abatement for Public and Private Schools and Commercial and Public Buildings in Illinois

Code Citation: 77 Ill Adm Code 855

Section Numbers: 855.10  
855.450

Date Originally Published in the Illinois Register: 8/27/99  
23 Ill Reg 10108

At its meeting on August 15, 2000, the Joint Committee on Administrative Rules objected to the Department of Public Health's rulemaking entitled "Asbestos Abatement for Public and Private Schools and Commercial and Public Buildings in Illinois" (77 Ill Adm Code 855) because the proposed rules do not incorporate the complete program as entered into by OSHA.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall constitute withdrawal of this proposed rulemaking. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION  
TO PROPOSED RULEMAKING

DEPARTMENT OF REVENUE

Heading of the Part: Retailers' Occupation Tax

Code Citation: 86 Ill Adm Code 130

Section Numbers: 130.101 130.110 130.111 130.120 130.201  
130.205 130.215 130.220 130.225 130.305  
130.315 130.320 130.321 130.330 130.331  
130.335 130.345 130.350 130.351 130.401  
130.410 130.415 130.425 130.435 130.445  
130.535 130.540 130.701 130.705 130.720  
130.735 130.745 130.801 130.805 130.810  
130.815 130.901 130.905 130.910 130.1001  
130.1201 130.1305 130.1401 130.1405 130.1415  
130.1501 130.1515 130.1701 130.1801 130.1901  
130.1910 130.1915 130.1925 130.1930 130.1935  
130.1940 130.1960 130.1965 130.1971 130.1975  
130.1980 130.2000 130.2005 130.2010 130.2015  
130.2020 130.2035 130.2045 130.2055 130.2060  
130.2065 130.2070 130.2075 130.2085 130.2100  
130.2115 130.2130 130.2140 130.2145 130.2156  
130.2160 130.2165 130.2170 ILLUSTRATION A

Date Originally Published in the Illinois Register: 2/25/00  
24 Ill Reg 3128

At its meeting on August 15, 2000, the Joint Committee on Administrative Rules considered the above cited rulemaking and recommends that in the future, DOR review and/or update the fiscal notes on the underlying legislation and include the revenue loss projected from deductions, credits or exemptions when submitting to JCAR analyses of economic and budgetary effects of rulemakings.

The agency should respond to this Recommendation in writing within 90 days after receipt of this Statement. Failure to respond will constitute refusal to accede to the Committee's Recommendation. The agency's response will be placed on the JCAR agenda for further consideration.

## PROCLAMATION

2000-378

## FATHER LEO J. LYONS DAY

WHEREAS, Leo J. Lyons was born August 31, 1922, in the City of Chicago to Alice and John Lyons; and

WHEREAS, Leo J. Lyons was educated at St. Brendan's Grade School, Quigley Preparatory Seminary and Mundelein College; and

WHEREAS, Leo J. Lyons received the sacrament of Holy Orders, being ordained a Roman Catholic Priest as part of Mundelein's Class of 1948; and

WHEREAS, he spent 30 years in the U.S. Air Force, having attained the rank of Colonel, serving at air bases all over the world; and

WHEREAS, Father Leo served as chaplain of Reber-Tesmond VFW Post #2604 for seven years, and for nearly a decade, has served as chaplain for the students at Brother Rice High School in Chicago; and

WHEREAS, for the past nine years, Father Leo J. Lyons has served as spiritual director and chaplain for the Orland Park Chapter of the St. Vincent DePaul Society, and is currently chaplain for the District of St. Vincent DePaul Society, serving 32 parishes; and

WHEREAS, Father J. Leo Lyons is known as the "Birthday and Anniversary Priest," inviting the congregation to announce upcoming birthdays and anniversaries, along with regularly praying for police and fire personnel, military prisoners of war, and those missing in action; and

WHEREAS, Father Leo Lyons committed his entire life to God, his country, his fellow veterans and his community;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim August 6, 2000, as FATHER LEO J. LYONS DAY in Illinois.

Issued by the Governor August 3, 2000.

Filed by the Secretary of State August 15, 2000.

2000-379

## RITA FRANK DAY

WHEREAS, the objectives of the Veterans of Foreign Wars of the United States of America and its Auxiliary are patriotic, historical and educational; and

WHEREAS, Rita Frank, a resident of Belvidere, Illinois, has shown herself to be dedicated to the principles of the Ladies' Auxiliary of the Veterans of Foreign Wars and has exhibited fine leadership qualities; and

WHEREAS, on Sunday, June 25, 2000, Rita Frank was elected to serve as President of the State of Illinois Ladies' Auxiliary to the Veterans of Foreign Wars, whose members number over 35,850 women; and

WHEREAS, a program of celebration in Rita Frank's honor will be held on Saturday, August 12, 2000, at the Veterans of Foreign Wars 1461 Post Home, located at 1310 West Lincoln Avenue, Belvidere, Illinois;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim, Saturday, August 12, 2000, as RITA FRANK DAY in Illinois.

Issued by the Governor August 3, 2000.

Filed by the Secretary of State August 15, 2000.

2000-380

## THEORETICAL AND APPLIED MECHANICS DAY

WHEREAS, the 20th International Congress of Theoretical and Applied Mechanics, ICTAM2000, is being held in Chicago, Illinois, during the week of August 28, 2000; and

WHEREAS, the international congresses of the International Union of Theoretical and Applied Mechanics have been ongoing for more than 75 years, and have visited major cities of the world including several sister cities of Chicago; and

WHEREAS, prior congresses have been held in the United States of America on only two prior occasions in 1938 and in 1968; and

WHEREAS, ICTAM2000 is invited by the US National Academy of Sciences, the pre-eminent scientific body of this nation; and

WHEREAS, the host university consortium includes several illustrious institutions of higher learning in the State of Illinois, to wit University of Illinois at Urbana-Champaign, University of Illinois at Chicago, University of Illinois at Chicago, University of Notre Dame and Illinois Institute of Technology; and

WHEREAS, the attendees at ICTAM2000 represent a gathering of leading researchers and scholars in the mechanical sciences from the international scientific community encompassing more than 50 nations;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim, August 28, 2000, as THEORETICAL AND APPLIED MECHANICS DAY in Illinois.

Issued by the Governor August 3, 2000.

Filed by the Secretary of State August 15, 2000.

2000-381

## ALMA SCHNAKENBERG DAY

WHEREAS, Alma Schnakenberg was born August 14, 1894, in Cleveland, Ohio; and

WHEREAS, Alma was active in the community, sharing her love and enthusiasm of the piano with her students at Mount St. Clair School in Clinton, Ohio; and

WHEREAS, After moving to Chicago with her husband, she continued to share her musical talents with the parishioners at Bethlehem Evangelist Church, now known as the United Church of Christ, where she served as the organist and choir director; and

WHEREAS, Alma has resided at the Anchorage of Bensenville since 1993, where she remains active as a volunteer for Anchorage activities, helping with fund-raisers, and serving on the Bensenville Home Society Special Honorary Board;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim August 14, 2000 as ALMA SCHNAKENBERG DAY in Illinois.

Issued by the Governor August 4, 2000.

Filed by the Secretary of State August 15, 2000.

2000-382

## DRC DAY

WHEREAS, international trade is very important for the United States of America. It is estimated that 140,000 jobs are tied to exports. Jobs created by exports pay better wages and companies that export experience faster employment growth and are less likely to go out of business than non-exporting

companies: Increased exports mean more jobs, higher profits and a stronger economy; and

WHEREAS, District Export Councils (DECs) are organizations of leaders from the local business community, appointed by successive Secretaries of Commerce, whose knowledge of international business provides a source of professional advice for local firms; and

WHEREAS, the DEC program was founded in 1960 by President John F. Kennedy through the U.S. Department of Commerce and today there are more than 1,500 representatives from companies involved in exporting offering their expertise to business owners; and

WHEREAS, the DECs have, in response, put forth creative and innovative approaches to solving this national issue; and

WHEREAS, the District Export Council 2000 National Conference is an annual event hosted by a different state each year. The DEC will hold its Annual National DEC Conference on September 13-15, at Chicago's Westin Hotel; and

WHEREAS, this Conference marks the continuation of DEC volunteers' efforts to assist entrepreneurs in becoming successful exporters;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim September 14, 2000 as DEC DAY in Illinois.

Issued by the Governor August 4, 2000.

Filed by the Secretary of State August 15, 2000.

#### 2000-383

##### RAJ KAPOOR DAY

WHEREAS, Raj Kapoor, late film director and actor, has become acknowledged as the patriarch of India's film making industry, and considered by many the greatest entertainer known to Indian films; and

WHEREAS, Raj Kapoor worked within the cinematic tradition, making modifications and adding new elements to it, and thus creating a popular art form that was constant with his temperament and view of life; and

WHEREAS, Raj Kapoor, since receiving his first break as a lead actor for Kidar Sharma's films, has won numerous National Film Awards for his own films, as well as Filmfare awards for best picture, best supporting actor, and best cinematography; and

WHEREAS, for the first time in the U.S., the Gene Siskel Film Center, City of Chicago, and Consulate General of India will join in organizing a retrospective on the internationally known Indian film director and actor on August 18 at the School of the Art Institute in Chicago;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim August 18, 2000 as RAJ KAPOOR DAY in Illinois.

Issued by the Governor August 4, 2000.

Filed by the Secretary of State August 15, 2000.

#### 2000-384

##### THE MONARCH AWARDS FOUNDATION DAY

WHEREAS, founded at Howard University in 1908, Alpha Kappa Alpha Sorority is America's first Greek-letter organization for Black women; and

WHEREAS, Alpha Kappa Alpha is currently comprised of more than 130,000 college-educated women in 850 chapters in 48 states; and

WHEREAS, the Monarch Awards Foundation was established in 1988 by the XI

Nu Omega Chapter of Alpha Kappa Alpha; and

WHEREAS, the Monarch Gala: "A Tribute to Black Men" is sponsored annually by the Monarch Awards Foundation to salute outstanding African-American men in the Chicago area whose contributions to their profession, community and mankind merit special recognition; and

WHEREAS, all money raised through this event is channeled back into the community for scholarships and donations to non-profit organizations involved in promoting international AIDS awareness and the need for Math/Science education;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim October 14, 2000 as THE MONARCH AWARDS FOUNDATION DAY in Illinois.

Issued by the Governor August 4, 2000.

Filed by the Secretary of State August 15, 2000.

#### 2000-385

##### TRAVEL AND TOURISM DAY

WHEREAS, the Travel and Tourism Institute, a division of the not-for-profit Hogan Family Foundation, has selected the College of DuPage as the only Illinois stop on the 21 state/8 week Tour America 2000 trip; and

WHEREAS, the Travel and Tourism mobile classroom is a 45 foot motor coach that will stop at the College of DuPage on August 8, 2000; and

WHEREAS, the mobile classroom will provide an opportunity to learn about the travel industry and career opportunities; and

WHEREAS, the College of DuPage Travel and Tourism program is also sponsoring the "Taste of Travel" which will feature local restaurants and demonstrate different cuisines from around the world; and

WHEREAS, Travel and Tourism is "the greatest peacetime economic engine the world has ever known...";

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim August 8, 2000, as TRAVEL AND TOURISM DAY in Illinois.

Issued by the Governor August 4, 2000.

Filed by the Secretary of State August 15, 2000.

#### 2000-386

##### ADULT DAY SERVICES ADVOCACY DAY

WHEREAS, Adult Day Services are a viable option for care of older adults;

and

WHEREAS, Adult Day Services enable functionally and cognitively impaired adults to receive needed care and services in a community setting; and

WHEREAS, adult day centers provide a coordinated program of services including restorative and functional maintenance rehabilitation, skilled and preventative care and individual group activities; and

WHEREAS, adult day centers offer participants an opportunity for enriching educational, therapeutic, and social experiences outside the home; and

WHEREAS, adult day centers provide much-needed assistance and counseling for caregivers and others; and

WHEREAS, these centers must be recognized and supported as a key component in the continuum of long term care; and

WHEREAS, the Illinois Adult Day Services Association has designated September 19, 2000 as Adult Day Services Advocacy Day;

Therefore, I, George H. Ryan, Governor of the State of Illinois, proclaim September 19, 2000, as ADULT DAY SERVICES ADVOCACY DAY in Illinois.

Issued by the Governor August 8, 2000.

Filed by the Secretary of State August 15, 2000.

2000-387

**GRAND KITE FESTIVAL FOR PEACE WEEK**

WHEREAS, the United States of America is made of multiple ethnic people and immigrants from all over the world, and this is the place to enrich cultural diversity and share their heritages; and

WHEREAS, this new millennium brings a new sign of hope for the Koreans as the world benefits from the labors of the summit meeting between the two leaders of South and North, thereby melting down the tension and advancing opportunities for trade and cultural exchanges; and

WHEREAS, "Peace Loving" Koreans have endured and still seek remedy from the oppressions of their neighboring forces, civil conflict, and cold war impact, and over five decades dispersed families, almost one out of five Koreans, could not unite with their own relatives; and

WHEREAS, the State of Illinois recognizes the peace-making contributions made by the Korean War American Veterans and their families who lost their loved ones at the critical period of cold war. Korean Americans deeply appreciate the American spirit of freedom; and

WHEREAS, the "Nareyun" kite team from Korea holds the Guinness World Record due to the group's accomplishment of flying 3000 "winged" kites. Through the medium of kite flying, the team has been consistent in their efforts to promote peace and reunification of the divided Korea since 1986; and

WHEREAS, more than 150,000 Koreans reside in the State of Illinois, and the Grand Kite Festival For Peace is made possible by the cooperation of the Korean-American community. This event provides a great ceremonial opportunity to commemorate Korea's liberation and wish for a peaceful reunification;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim August 7-11, 2000, as GRAND KITE FESTIVAL FOR PEACE WEEK in Illinois.

Issued by the Governor August 8, 2000.

Filed by the Secretary of State August 15, 2000.

**JOINT COMMITTEE ON ADMINISTRATIVE RULES**

**ILLINOIS GENERAL ASSEMBLY**

**SECOND NOTICES RECEIVED**

The following second notices were received by the Joint Committee on Administrative Rules during the period of August 15, 2000 through August 21, 2000 and have been scheduled for review by the Committee at its September 19, 2000 meeting in Chicago. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
9/29/00	Illinois Commerce Commission, Household Goods Carriers (92 Ill Adm Code 1457)	11/12/99 23 Ill Reg 13453	9/19/00
10/4/00	Department of Human Services, Repeal of Research (77 Ill Adm Code 2075)	6/16/00 24 Ill Reg 8197	9/19/00
10/4/00	Department of Human Services, Food Stamps (89 Ill Adm Code 121)	6/16/00 24 Ill Reg 8186	9/19/00

Rules acted upon during the calendar quarter from Issue 30 through Issue 42 are listed in the Issues Index by Title number, Part number and Issue number. For example, 50 Ill. Code 2500 published in Issue 1 will be listed as 50-2500-1. The letter "R" designates a rule that is being repealed. Inquiries about the Issues Index may be directed to the Administrative Code Division at 217-782-4414 or [nalale@cgstate.il.us](mailto:nalale@cgstate.il.us) on the Internet.

**PROPOSED**

86-670-31 86-670-31  
86-693-31 86-693-31  
86-710-36 86-710-36  
86-740-31 86-740-31  
89-105-32 89-105-32  
89-116-32 89-116-32  
89-120-35 89-120-35  
89-140-32 89-140-32  
89-148-31 89-148-31  
89-353-31 89-353-31  
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92-397-36 92-397-36  
92-554-36 92-554-36  
92-1030-35 92-1030-35

**EMERGENCY**

86-100-33 86-100-33  
86-101-33 86-101-33  
86-120-31 86-120-31  
86-440-50 86-440-50  
86-450-50 86-450-50  
92-1030-35 92-1030-35

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86-310-30 86-310-30

**ADOPTED**

50-2008-30 50-2008-30  
50-2009-30 50-2009-30  
50-5101-36 50-5101-36  
59-588R-36 59-588R-36  
68-1150-34 68-1150-34  
68-1215-36 68-1215-36  
68-1270-34 68-1270-34  
77-205-32 77-205-32  
77-243-32 77-243-32  
77-250-34 77-250-34  
77-306-36 77-306-36  
77-340-36 77-340-36  
77-350-36 77-350-36  
77-390-36 77-390-36  
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86-1540-31 86-1540-31  
83-410R-31 83-410R-31  
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33,34 33,34  
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86-220-32 86-220-32  
86-270-31 86-270-31  
86-320-31 86-320-31  
86-370-31 86-370-31  
86-395-31 86-395-31  
86-405-31 86-405-31  
86-440-31 86-440-31  
86-450-30 86-450-30  
86-480-31 86-480-31  
86-500-31 86-500-31  
86-530-33 86-530-33  
86-630-31 86-630-31

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